BP.

24. FUNERAL DIRECTOR

FUNERAL HOME

SLACK

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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158	1 -	FOR STATE REGISTRAR	DE		FICATE OF DEATH	GIENE O REG. N	0 6	.)	BST
		EASED NAME EIRST FLORE!	NCE F	ABRAHA	AM	20. DATE OF DEATH MARCH	5, 1:		6. HOUR F
A)	SE X	FEMALE	4. RACE WHITE	S. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BI	YRS.		F UNDER 24 HI
19		THPLACE (STATE OR FOREIGN OUNTRY) NEW YORK	U.S.A.	MTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	RUNDEL C		
54	(GLEN BURNIE	NORTH ARUN	DEL HOSP		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TOPY)	OF WORKING LIFE) IN	b. KIND OF E	
30	30. 5	L RESIDENCE (IN NURSING HOME OF			136. INSIDE CITY LIMITS?	13e STREET ADDRESS 1434 MARYT		2114	4
1120		PANK ST	MIDDLE	ÎTIER	IS MOTHER'S MAIDEN N	MIDDLE		MANT I	
medico)	la W (YE	AS DECEASED EVER IN U.S. AR ES. 100 UNKNOWN) IF YES, GI		01/6913	17 INFORMANT RICHARD MC		68 GLOBE COTT CT		
buriol, crem	z	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON		NOT RELATED TO THE TE	RMIN AL DISEASE OR CON	IDITION GIVEN IN	V PART 1(o)	
e prior to b	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIC	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	CAUSES O	F DEATH?
- 4	N CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE INFERTHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	R) HOUR A.M. MONT P.M. 21e. PLACE OF INJURY	19	211 LOCATION	YES NO			NO _
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Stote Dept. of PANT: If them 21		sow the deceased of the purious property of the purious parties parties of the purious parties pa	or I view the body Ther death		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	AFF CIAN []	Mar.	GNED 6
MPORTAN		CHARLES J W		V		RNIE, MARYLA		IIIE Z	U4 '
vs 5 ≤ 3		URIAL, CREMATION, REMOVAL	L 23b. DATE	Tan MANE OF A	CEMETERY OR CREMATORY	236 LOCATION			

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8MARCH 85

P.O.BOX~268 ELLICOTT CITY

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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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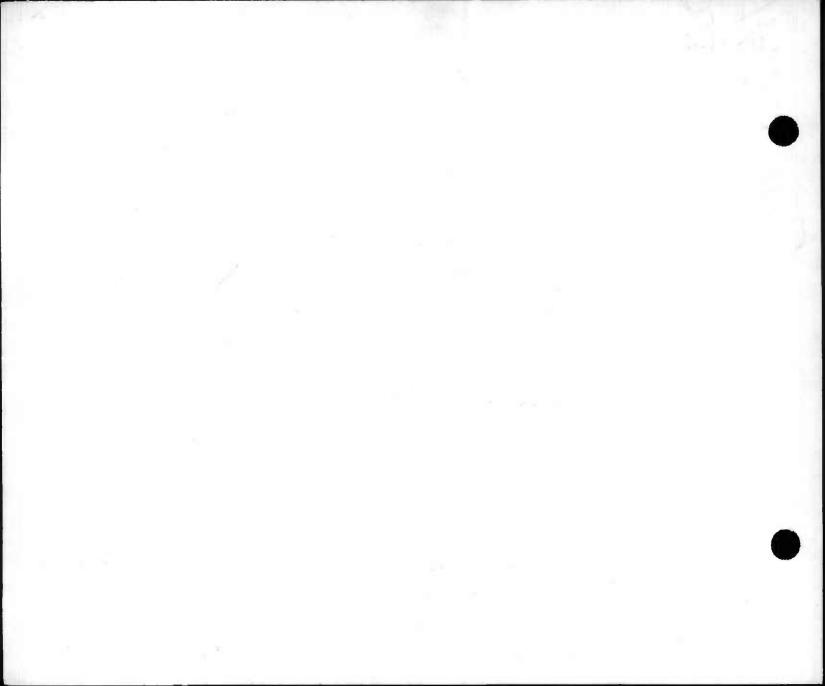
4		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
	1. DEC	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
П	(TYPE	OR PRINT) RUPERT A	A. AMEY, JR.			March 11,	1985		
	3. SE)		4 RACE	5. DATE C) F RIPTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR	M	
		ile	white		h 27,1920 YEAR		MONTHS DAYS HOURS MIR	_	
					1 27,1920	64 YRS			
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	DENEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
)		ryland	USA	WIDOWE		Anne Arundel	,	MD.	
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS C	_	
9	Pa	ısadena	1598 Dauses	Lane		TYPE OF WORK FOR MOST OF WORKING DISpatcher	Trucking		
	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)				_	
6	13a S Ma	ryland Anne	Arundel Pasa	own Jena	13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP COL 1598 Dauses La	π _P 21122		
4		THER'S NAME			YES NO 4		IIC ZIIZZ	_	
1		pert A. Amey, Sr	MIDDLE LAST		Anne A. McK		LAST		
U	RU	ipert A. Alley, Sr	•		Anne A. Mck				
	16a W	AS DECEASED EVER IN U.S. AR	CANAD OR DATECT		17 INFORMANT	ADDRESS			
	ye	(IF YES, GOVERNMENT)	218-01	-1048	Mrs. Margaret	: Amey 1598 Dau	ses Lane		
		18 CAUSE OF DEATH (Enter on	ly one couse per line for (b). (b.	ondic			MTWEN ONST AND SEAT	-	
		PART I. DEATH WAS CAUSED BY:							
		IMMEDIATE CAUSE (b)							
		DUE TO, OR AS A CONSEQUENCE OF							
		Conditions, if ony, which	(ti) hunk	yman		_			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE						
		underlying couse lost.	(c)						
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION G	IVEN IN PART 1(a	_	
	N O	the	resty me	latus					
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	n was performed		ES, WERE FINDINGS USED		
2	F					3.Z.	IFYING CAUSES OF DEATH?		
3	ER	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18		_	
1		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR		1,2,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19				_	
	일	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	-	AT WORK NOT WHILE							
		22a 1 certify that (I) (this hospit	(al) ottended the deceased fro	om		to	. 19 that (I) (we) lo	ost	
		saw the deceased alive on obove, (I) (we) (did) (did po	1	9, or	nd that in (my) (our) opinion d	deoth occurred on the date and ha	out and from the couses stated		
		22b 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yiew the body offer deoth.		DEGREE		22c. DATE SIGNED	_	
		() -	17		ATTENDING	MEDICAL STAFF	2/11/01	and the	
		22d PHYSICIAN'S NAME THE D	vasun m	0 :	22e ADDRESS	DIRECTOR PHYSICIAN	1/1/83	_	
			resibitero,M.D			- 1 m - 1			
					7845 Oakwoo		10.1	_	
		URIAL, CREMATION, REMOVAL	0/44/00		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
	1	Burial	3/14/85	Meadowr	idge Cemetery		ward Maryla	and	

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTO hould be detoched for with the State Dept. of MORTANT. If hem. 21

AMBYOSE Funeral Home 1328 Sulphur Spring Rd.

MAR 1 2 1985

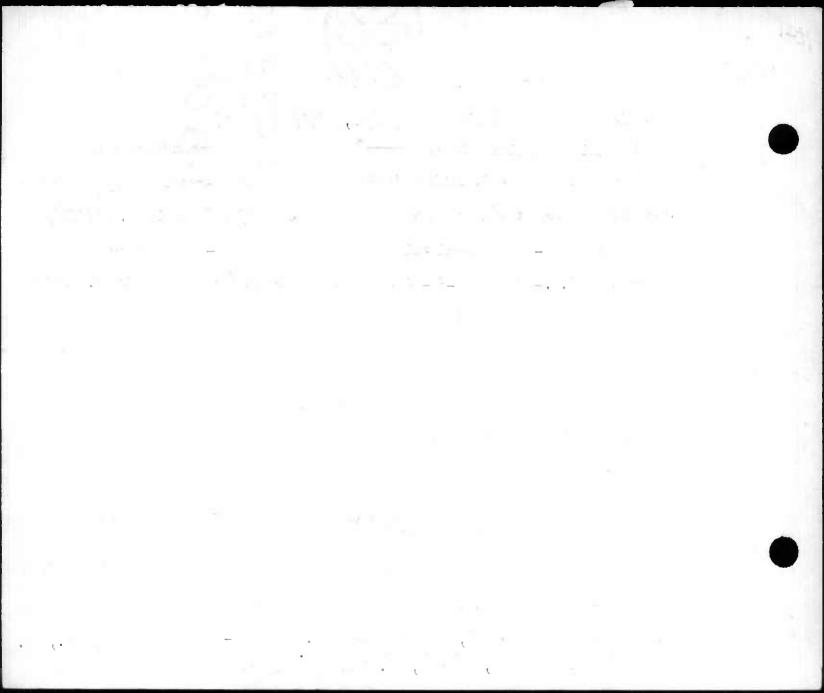


FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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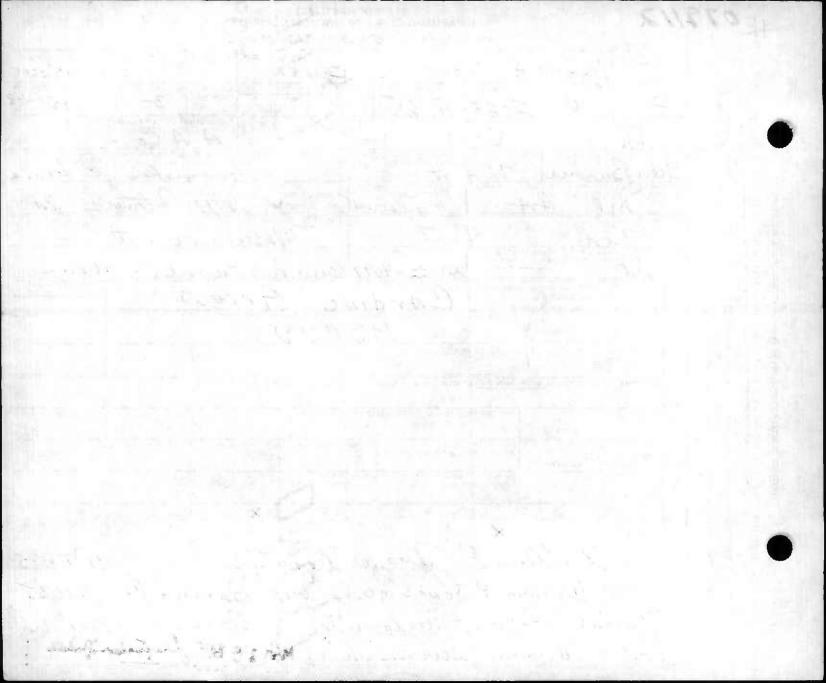
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1	d be in	13/1/	AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	I 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	1 (2422)
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OR CONTRIBUTING ALUSE OF DEATH P.M. 19 P.M. 19	5 5 5 5	F S	211			IN CERTIF	YING CAUSES OF DEATH?
OR CONTRIBUTING ALUSE OF DEATH P.M. 19 P.M. 19	49 1914	Ē					
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sow the deceased alive an	After dark		ALWORK ALWORK		31345	21.76	· · · · · · · · · · · · · · · · · · ·
DEGREE 226 DATE SIGNATURE 226 DATE SIGNED	The State of the s	ı			and that in (my) (our) angion	death accurred on the date and hou	, mor (in (mo) ios.
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 721 ANNAPOLIS MARYLAND 21401 272 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 273 BURIAL, CREMATION, REMOVAL 23b. DATE 274 FUNERAL DIRECTOR PHYSICIAN STAFF PHYSICIAN 722 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 275 BURIAL, CREMATION, REMOVAL 23b. DATE 276 PHYSICIAN 726 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 277 ANNAPOLIS, MARYLAND 21401 278 BURIAL, CREMATION, REMOVAL 23b. DATE 278 FUNERAL DIRECTOR PHYSICIAN 726 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 278 BURIAL, CREMATION, REMOVAL 23b. DATE 279 COMMANDE COUNTY PHYSICIAN 726 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 279 BURIAL, CREMATION, REMOVAL 23b. DATE 270 FUNERAL DIRECTOR PHYSICIAN 726 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 278 BURIAL, CREMATION, REMOVAL 23b. DATE 279 FUNERAL DIRECTOR PHYSICIAN 726 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 279 BURIAL, CREMATION, REMOVAL 23b. DATE 270 FUNERAL DIRECTOR PHYSICIAN 726 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 279 BURIAL, CREMATION, REMOVAL 23b. DATE 270 FUNERAL DIRECTOR PHYSICIAN 726 ADDRESS 847 COACHWAY DRIVE ANNAPOLIS, MARYLAND 21401 271 FUNERAL DIRECTOR PHYSICIAN 727 BURIAL CREMATION 728	ATTI OSPICAL DE CT		obove, (1) (we) (did) (did no	t) view the body ofter death.		acom occorred on the date and not	
27d. PHYSICIAN'S NAME (TYPE OR PRINT) PROBLEM 10 50 50 50 50 50 50 50 50 50 50 50 50 50		1	220. SIGNATURE	112.20	ATTENDING _		3/31/1
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DHMH 14 50M 4/83 250 DATE REC'D. BY REGISTRAR'S SIGNATURE		23a	BURIAL, CREMATION, REMOVAL		1 11		COUNTY STATE
	BP			Vilanch 28,85 (aundel Co., Md.
(VRA 15, 4) MAR 2. Q 10R5 1 Fin Davidson Rendere	DHMH - 16 50M 4/83 (VRA 15, 4)			Home , Pasadena.	a rearieur nas.		vidson-Randall



REGISTRAR

DHMH - 17 (VR A15 ME (5)) 15M 7/76 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO



DHMH - 16 50M 4/B2

(VRA 15, 4)

FOR STATE 092045

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAK			thit of bthin	REG. N	0			
		CEASED NAME GREAT	IA OSBURN A	BEHR	END	20. DATE OF DEATH	MONTH D	2/ 85	12-5AM	
	F. SEX	EMALE	NHITE	5. DATE OF	BIRTH DAY YEAR 1887	6. AGE IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	k
4		DUNIET)	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED D	BALTIMORE CITY	FRUIL	1201	MD.	
	10. CI		NAME OF HOSPITAL, NURSIN	G HOME O		128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND OF	F BUSINESS OR	
7		L RESIDENCE (IF NURSING HOME OR OT	HER STITUTON GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	eak	Jande	r o	
1		THERS NAME OHN THOM	MS OSBUR	N	15. MOTHER'S MAIDEN NA	MIDDLE	WIL	DM/DIAST	1/403	
		/AS DECEASED EVER IN U.S. ARME es, no or unknown) (1F yes. give w		- 880	7 VIRGINIA	O. CLAGET	T An	CHESAPE	enke hor	- 0
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY: antratela	and	inc auchit	nina .		APPROXIN BÉTWEEN O	MATE INTERVAL	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	2(21)	tic Coudio	- Vaxeulas	Lisiai	2 15	W!	
	NOI	PART 2 OTHER SIGNIFICANT CO	Remote V	alow	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART To		
1	CERTIFICATION	140. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		
	MEDICAL CEN	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)		
	MED	214 INJURY OCCURRED WHILE DIGT WHILE D AT WORK DIGT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
		220. I certify that (1) (this haspital saw the deceased alive of abave (1)(we) (did) (did name	(60 1)		d that in my (aur) apinion	death accurred an the d	ate and hour	and from the c		
		BALLY P.	Ughanson	M	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗌	3 DATES	1/85	
	(BARRY R	NATHANSON	1	51 FRAN	KUNS	T AL	MAR	MI	
1	230	SPECIFY ATION, REMOVAL	236. DATE 231. May. 21, 1985 (5)	AME OF CE	HILL CREM	23d, LOCATION CITY OR TOWN TE REC'D. BY REGISTRAR	P	GUNTY CONTY	MD.	
	T	AYLOR JUNEAR	CHAPEL HOL	UMPel	S MD MAF	R 2.8 1985	- Ra Da	MAR'S SIGNATU	ndell	

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MPORTANT: If Item 21

FOR STATE REGISTRAR DECEASED NAME

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DEPART	STATE OF MA MENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE	REG.	, NO.))	ඊ	Ö	Š
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PUNDS	NO HOME OR OTHE	PAL HOSE		WORK FOR MOS			KIND O USTRY	BUSINE	SSOR

	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	PUMPER THE RESERVED TO HES		
	m	ALE	CAUCASIAN	MONTH 3 - 15 TEAR	69 YR	PORTES DAYS HOURS A.E.		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH		
2	m	laryland	USA	MARRIED NEVER MARRIED L	Appe HEUN	IDEL COUNTY		
3	IO. CIT	Y OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	(G LIFE) INDUSTRY 3 CC.		
1	141	11000115	HAME HRUNDS	LLOYINGEAL HOS	a Owner-Opera			
5	130 S1	LERESIDENCE (IF NURSING HOME OF TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN	N 134. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO			
7	14 FA1	THER'S NAME		15. MOTHER'S MAIDEN N	AME			
1		Gustave	Bembe	e Lula	- m	Bembe		
			MED FORCES? 166 SOCIAL SECUI	IRITY NO. 17 INFORMANT	ADDRESS	Same as		
		es wu	JTT DATES) 22005/10	083 Mary Eli	zabeth Ben	be- #13		
		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and ED BY: TE CAUSE (a) Could	opil monary	Arrosot	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Canditions, if any, which	DUE TO, OR AS A COMPENSE	20				
		gove rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A COLLEGE	Espatoia L	ing Disesse	7.		
	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
	ERTIFICAT	18s. DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO		
5	H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. LIF EITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive of above. (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING PHYSICIAN

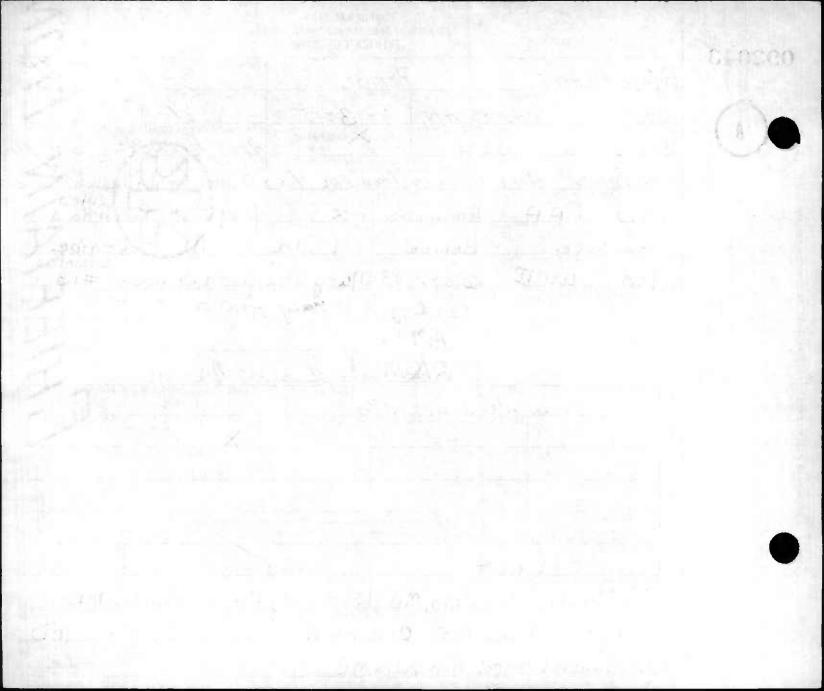
22e ADDRESS

REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL STAFF
DIRECTOR PHYSICIAN

Ra Savidson-Randell

STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

20M 4/82

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE

DEC	NIO	

6

		EGISTRAR			MEDIC		AMINE	N 3 C	EKIIFI	CAIE	JF DE	4111		REG. NO				
	(TYPE	EASED NAMI OR PRINT)	RUPE	RT		LEE		BE	NSU	ON, S		DEA	TH MA	STI:		DAY	YEAR 19 % 5	26. HOU
3 :	SEX Ma	ale	White	5. DATE OF MONTH	25 19	YEAR	AGE (IN YEARS LAST BIRTHDAY) 59 YRS.	MONTHS	DER I YR.	IF UNDE	MIN.	PRONC	ATE DUNCEI AD		MONTH 3	19	YEAR 1985	26 HO
4	FORE	THPLACE (5'			OF WHAT	COUNTRY	Y? 8.	MARRIE	D NE	VER MARI	RIED 🗌			CITYO	_	TY OF E	HTASC	
		th Car		US				WIDOWE		DIVOR				rund		1		
1	Anı	napoli	s	Anne	Aruno	del G	eneral	l Hos			FOR	MOST OF	WORKING			OF	ND OF BU R INDUSTI ate o	Y
130	Ma:	ate ryland			13	SIDENCE BEFO L. CITY OR Annap	TOWN		13d. INSIDE (13e. STF	Sev		Ave	nue		2140	3
1		THER'S NAME PERST		MIDDLE L.		Bens	on, Si	- 1	15. MOTH	ER'S MAID FIRST en	EN NAM	E	MIDDLE			Sm:	i th	
164	(YES	AS DECEASEI S, NO, OR UNKNO ES	DEVER IN U.S. A	WE WAR OR DATES			2-3114		Norm	MANT Ia R.	Bens	on		II B			Road 1229	
			storing the onor	er- DUE	TO OR AS	A CONSE	QUENCE OF			-								
To a control		lying cau	stoting the undise last. GNIFICANT CONDITION OPERATION	(c ns <u>contributing</u>		NOT RELATED		AL OISEASE			ART 1 (a).					20. 4	AUTOPSY?	
		PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C	OPERATION AL CAUSE WAS OR NG CAUSE COCCURRED	19b. 21b. HOP DEATH)TO DEATH BUT N	FOR WH	TO THE TERMINA IICH OPERAT AY YEAR 19	21c. HO	AS PERFOR	RMED?			FINJURY	N ITEM 18 P	_		AUTOPSY?	NO (
	MEDICAL CERTIFICATION	PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C WHILE AT WORK	OPERATION AL CAUSE WAS OPERATION AND OPERAT	I 19b 21b. HO DF DEATH 21e ST Drige of the rem	TIME OF INJ DUR A.M. M. P.M. PLACE OF IN	NOT RELATED N FOR WH JURY ONTH D NJURY (FARM, ETC.)	TO THE TERMINA TH	21c. HO 21f. LOC ST	AS PERFOR	OCCURR	ED (ENTER		I monne], and	_	OUNTY		NO
7	MEDICAL CERTIFICATION	PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. 1 certi deoth result ACTUAL SIGNATURE. EXAMINER'S (TYPE OR PRII	OPERATION AL CAUSE WAS OF OR OR OF CAUSE OF CAU	PEACE ST	TIME OF INJ DUR A.M. M. P.M. PLACE OF IN	NOT RELATED N FOR WH JURY ONTH D NJURY (; FARM, ETC.) ed obove, cident	AY YEAR 19 AT HOME. held on , Suicie	21c. HO 21f. LOC ST Autops; de	AS PERFOR	Inspecticide	ED (ENTER	Inquitermined	arown Imonne], and	d in my o	DUNTY pinion ED 3		NO

DHMH - 16 50M 4/82

(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME EIRST 2a DATE OF DEATH MONTH 2b. HOUR 1985 3:15P MAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. 75 9. BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret U.S. Navy 136. STREET ADDRESS 1262 Linden Ave. Balto. 21227 Emma Harman ADDRESS Mary A. Berman 1262 Linden Ave. Maryland 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 weeks 3 years 10 months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN , and that in (my) four) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Kimbrough Army Community Hospital 23d LOCATION CITY OR TOWN Burial Meadowridge Mem Elkridge Howard Co. 24 FUNERAL DIRECTOR Gary L. Kaufman Funeral Home . 5695 Main St.

STATE OF MARYLAND

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ATE OF MARYLAND	Log	n	6	73	9
F HEALTH AND MENTAL HYGIENE		-	9	-	
FIFT OF DEATH					

1053	_	FOR STATE REGISTRAR		MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG		5 9	
9 9	(TYPE	CEASED NAME FIRST OR PRINT) FRITZI	N. B	IRNB	LAUM	20 DATE OF DEATH	03 20	0 85 7	30 F
as after	3. SE:	FEMALE	WHITE	5. DATE OF	BIRTH PAY PAR	6. AGE (IN YEARS LAST	YRS	DNIHS DAYS HOL	NDER 24 HRS JRS MIN.
17	A	USTria	76 CITIZEN OF WHAT COUNTRY?	WIDOWED		Anne	Arun	delC	O. ME
10	C	ROWNSVILLE		URSIA	//	(TYPE OF WORK FOR MO	ATION STOF WORKING LIFE) LOVED	126 KIND OF BUI INDUSTRY	7
O O	13a S M	TATE 136 COUNTYLAND ANNE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY ARUNOSL CROSTON	7	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRES	S / ZIP CODE	y. 2111	щ
	14 F A	THER'S NAME FIRST (UNKNO)	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	MIDDU	(NVION	LAST	
Poge		VAS DECEASED EVER IN U.S. ARI ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 117 - 18 - 4		DR. PETER F.	Newton	SAME	AS 13)
Then please remaye carban paper ir ta burial, cremation, ar remayal. injury, ar ather traumatic eventath	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF		INAL DISEASE OR CO			Leine
Hygiene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	1 WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY		
colth and Mental Hy marked or fren 18	MEDICAL O	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hospi		19	211 LOCATION STREET	city o	* 20 10	COUNTY	STATE
e State Dept. of He		saw the deceased alive probable. (I) (we) Hild Probable 22b. SIGNATURE 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPEO	3 13 19 5 11 view the body after death.	2	ATTENDING PHYSICIAN 22- ADDRESS		TAFF _	22c. DATE SIGN	
Me OR	220 1	RICHARDI	HOCHMAN,	M.J.	16 MURRAY	AVE.	ANNA	POUS, 1	MD.
OM 4/83		JURIAL, CREMATION, REMOVAL SPECIFICATION JINERAL DIRECTOR NAME	MARCH 21,1985 W	ESTVIES 501 RI	N CREMATORY TOHIE HOUX 250 DAT	. CITY OR TOWN	N Bn	LTIMORE AR'S SIGNATURE	MD.
5, 4)	15	ARRANCO DEVERNA	THRK TUNERAL HO	ue Seu	ERNAPAR 2	6 1986	Ma Devids	- Budale	+

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DIVISION OF
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages Trand 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	REGISTRAR				CERTIF	CATE OF D	EATH	RFC	G. NO.		EST
	EASED NAME	FIRST	32,000	MIDDLE	L.	AST		20. DATE OF DEAT	нтиом Н	DAY YEAR	26 HOUR
(TYPE C	OR PRIN(T)	JOSEP	HINE	I.	BISSE	LL	5-54	MARCI	1 2	28, 1985	935
. SEX			4 RACE		S. DATE C	F BIRTH		6. AGE (IN YEARS LA	ST BIRTHDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
F	emale		Whit	e	MONTH 3	29	05	79	YR5	MONTHS DAYS	HOURS MIN.
	THPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8			9. BALTIMORE CI			
	nnsylvani	а	U	S.A.	WIDOWS	NEVER M	ORCED	ANN	E ARUNI	DEL COUN.	IY MI
	Y OR TOWN OF D			HOSPITAL, NURSI	NG HOME C	ROTHER INST		120 USUAL OCCU			F BUSINESS OF
	GLEN BUR	NIE	NOR .	TH' ARUNDE	LHOSP	ITAL		Office		Laund	ry
JSUAI 30 ST		IRSING HOME OR		13c. CITY OR TO		13d. INSIDE CI	TV HAAITS2	13e.STREET ADDRI		DE	
Mo	_	A	Δ	Balto.			NO 3	5313 Br			21225
_	HER'S NAME						MAIDEN NAM	ΛE			
	Willia		H. ROS	LAST			Maude	MIDE	NE .	CON	sins
a W.	AS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17 INFORMAN		07 - A	DORESS .		
(YE	S, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)				D	Glen	BULLIT	e, Md 21	001
_	No			200-03-	2017	Jean	Bascian	0 40 10	restaa.	le Ave,	IMATE INTERVAL ONSET AND DEATH
S S				ONTRIBUTING TO				NAL DISEASE OR (GIVEN IN PART 11	
TFIC								YES NO	_	TIFYING CAUSES	OF DEATH?
	210. ACCIDENT WAS L OR CONTRIBUTING	CAUSE OF DEA	HOUR A	M. MONTH		21c. HOW INJ	IURY OCCURR	ED (ENTER NATURE O	INJURY IN ITEM T	18 PART (OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MI			.M. OF INJURY	19	211. LOCATIO	N				
ME		WHILE D		TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CIIA	OR TOWN	COUNTY	STATE
	22a. I certify that sow the dece		11111	he deceased from	3		, 19.	_, to	128/		that (1) (we) los
	above, (I) (we	(did) (did no	t) view the bod	after deoth.	U		our) opinion o	leath occurred on t	ne dote and h		
	226 SIGNATURE	20	250	90		DEGREE A' P	TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	22¢ DATE	SIGNED
	22d. PHYSICIAN'S	NAME (TYPE	R PRINT[22e ADDRESS		5 HOSPIT		VE, SUIT	E 104
	RECE	P FROL	M. D.			G]		NIE, MAR	YLAND:		
	JRIAL, CREMATIO					EMETERY OR C		23d LOCATION CITY OR LOV	VN .	COUNTY	STATE
	Cremation	1	3/3	0/85 N	estvi	ew Mem.	Park	Catonsv	ille	Balto	Md

DHMH - 16 50M 4/83 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy Balto Md

APR 2 - 1985

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	MITA 1944			resp. 0	Ivania	
J. 1	(1010) (1019).		Tizdi I	OVOTE PERSON	- Buxsua ka	
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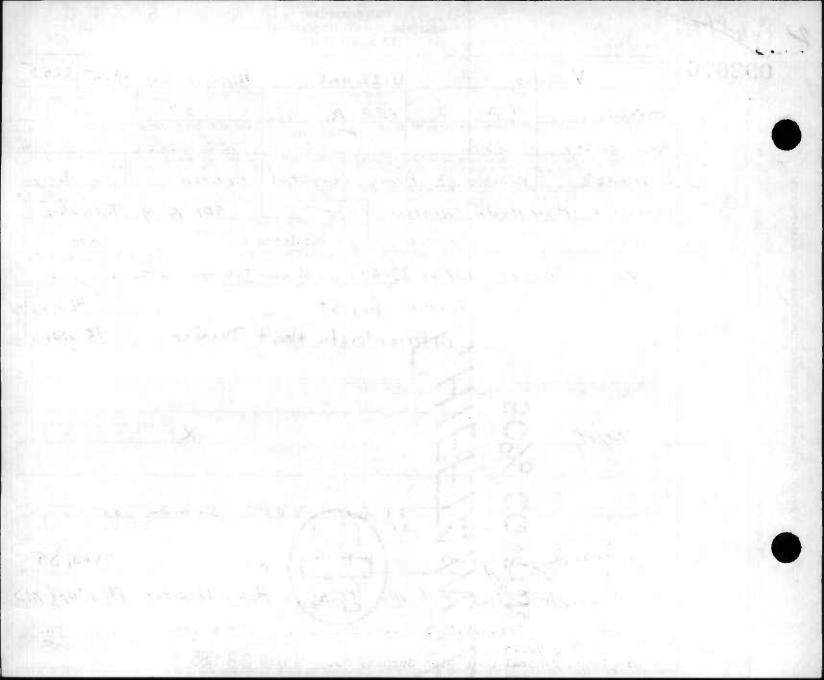
BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

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STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	. HYGIENE REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE	ORPRINT) Virgi	NMN	BizzARO	march 24	1985 2255 M
3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
N	NALE	WHITE	FEB 06,1930	5 3 YRS.	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
N	ew Jersey	USA	WIDOWED DIVORCED		MD.
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR
FH	MEADE	Kimbrough	Army Hospiti		CivilService
13a. S	ALRESIDENCE (IF NURSING HOME OF STATE 13b, COUN AFFYLMAD	OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY O	E BEFORE ADMISSION 13d. INSIDE CITY LIMI ON TOWN 13d. INSIDE CITY LIMI YES NO T	501 King	Malcolm
7	Cesare		zaro Nicol	MIDDLE	Leve
16a V	WAS DECEASED EVER IN U.S. AR			Wife) ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, GIV	etnam 137-	14-1356 Norma D.		
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D RV.			APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
		TE CAUSE (a)	diac Arrest		צארטאווייוטו
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	terroscleratic He	eart Disease	15 years
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
CER	210. ACCIDENT WAS UNDERLYING			CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Part Cont.	OR CONTRIBUTING CAUSE OF DE		H DAY TEAK		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	CITORIONI	
	22a.l certify that (1) (this hasp sow the deceased alive ar abave, (1) (we) (did) (did no	attended the deceased at the deceased at the same at t	_19, and that in (my) (aur) a	25, ta 24 mono	, 19 , that (I) (we) last our and from the causes stated
	22b. SIGNAURE &	Zego m	MD ATTEND		24 Mar 85
	Joseph	Zeligs +	10 mc Kimbrova	Army Hospital	Pt. MAPI MD
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMAT	ORY 236. LOCATION	COUNTY STATE
	Burial	March 29,198	MD. Veterans Cem.	Crownsville	A.A. Md.
24 F	UNERAL DIRECTOR R. S.		DDRE55	MAR 2.8 1985	Davidson Hundar
	Singleton Fur	neral Home Gle	en Burnie, Md.	MAK 4 0 1300	



DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
2073		ASED NAME	FIRST		MIDDLE		LAST	2a DATE OF		NTH D	AY YEAR	2b. HOUR
1	(TYPE OF	PRINT)	Alexan	der F	rank	В	OGUS	Ma	rch 2	6, 19	985	6:30
1) 1	3. SEX			4. RACE		5. DATE		6 AGE (INY	EARS LAST BIRTHD		F UNDER TYEAR	IF UNDER 24 HE
ノレ		Male		Wh	ite	July		79		YRS.	ONTHS DAYS	HOURS MI
ME		HPLACE (STATE)	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	9 BALTIMO	RE CITY OR		OF DEATH	
		nnsylvar	nia	U.	S.A.	WIDOWI	_		ne ARur	ndel		
90		ortownofe verna Pa		(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Lian Nursi	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK	OCCUPATION FOR MOST OF W Worke	ORKING LIFE	INDUSTRY	F BUSINESS (
5 F SC P	ISUAL I3a. ST	RESIDENCE (# N	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🔀		ADDRESS / Z ra Cir			21061
120	/	TER'S NAME FIRST Peter	۸	AIDDLE	Bogus		15. MOTHER'S MAIDEN N FIRST Barbara	AME	WIDDLE		Bulch	liat
07	6a WA	S DECEASED EV	ER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
1/	(YES	. NO OR UNKNOWN)	1923-	1933	215.10.0	564	Mary E. Bog	us (W	ife)	Same	as 13	
- =		8. CAUSE OF DE	ATH (Enter onl	y ane cause pe	r line (b) (a), (b), and	d (ci.) *					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEA
or removal.		PART I. DEATH	WAS CAUSED	BY: E CAUSE (a)	PAJUND						60	wo
n please remove carb burial, cremation, ar i ry, ar other traumatic	F	gove rise to couse (a), sto underlying cou PART 2. OTHER SI	iting the use last.	(c)_	ONTRIBUTING TO		NOT BELATED TO THE TER	MINAL DISEAS	OR CONDIT	ION GIVE	N IN PART 10	o l
s ony injur	CERTIFICATION	a DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	1131 (N)	PSY? / 12		WERE FINDIN	
Hygiene 18 shows	RTE							YES 🗌	NOD	YES		NO 🗌
Mental Hy		OR CONTRIBUTING	CAUSE OF DEA	HOUR A	DEINJURY .M. MONTH D/ .M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY H	NITEM 18 PA	RT 1 OR PART 2)	
s the bur	ME	WHILE NOT	URRED WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	1	CITY OF TOWN		COUNTY	STATE
of Health	2	sow the dece	ased alive on.	211:	he deceased from	35 !	nd that in (my) (aur) apinio	to	3/26 d on the date	and hour		that (I) (we) couses stated
detoched ote Dept. T.: If Item	1	The SHORATURE	aut 7	U Men	llis MI		DEGREE ATTENDING PHYSICIAN		STAFF	N	22c. DATE	signed ch 27,1
should be deto with the State [IMPORTANT: If			aret Mu	llins,	MD		1020 Cape			., Ar	nnapoli	s, Md
~ , <u>></u>		RIAL, CREMATIO ECIFY) Buria		March			TEMETERY OR CREMATORY	CITY	ATION ORTOWN Burni	e	A.A.	STATE MD
	24 FUN	IERAL DIRECTOR		7	0.	110		ATE REC'D. BY R	EGISTRAR 25			
50M 4/83 5, 4)	Sin	gleton I	uneral	Home.	Glen Burn	nie,		MAR 28	1985	Cal K	NOO (MADO)	, (

No. 45. Should be taken at the first of the

080160	1.	FOR STATE REGISTRAR		DEPARTA	STATE OF NAME OF THE ALTH	AND MENTAL HY	SIENE 5	6	595
	1. DE	CEASED NAME FIRST OR PRINT)		MIDDLE	Boule	? K	20 DATE OF DEATH	MONTH DA	Y 85 25. HOUR 25. 17 M
Y	3. SE	F	1. RACE	u	5. DATE OF BIRT	DAY YEAR	6. AGE (IN YEARS LAST BI	YRS.	UNDER LYEAR IF UNDER 24 HRS
Seath. Po	A	RTHPLACE (STATE OR FOREIGN COUNTRY) LABAMA	U	SA COUNTRY?	MARRIED (X)	VEVER MARRIED DIVORCED	9. BALTIMORE CITY S	idel Cou	unty Md MD.
by the t	F	t Meade, Md	Kimbroug	HOSPITAL, NURSIN	ommunity		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWII	OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY HOUSEHOLD
AND 2	13a. S		or other institution UNITY PAPUNGE	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Ft Mead	N 13d. IN		13. STREET ADDRESS	tton D	rive 21719
magistel origin	W	THER'S NAME ILLIAM	R.	PENNINC	TON BI	OTHER'S MAIDEN NA ETTY	MIDDLE		HOWARD
TIMORE be executed and conditions remedical		VAS DECEASED EVER IN U.S. / res, no or unknown) NO	ARMED FORCES? GIVE WAR OR DATES)	418-80-		AMES T.	BOULER F	37 _{MEA}	DEATTON AVE.
ST., BAL ertificate g physici denpaper remayal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	anly ane cause per SED BY: ATE CAUSE (a)	line for (a), (b), and Cardiop	ulmonary	arrest			BETWEEN ONSET AND DEATH 5 minutes
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PIGE PRESICIAN. The fare requires that the death certificate be executed within 24 hours or entending physician physician and entending physician and entending physician and entended from by an the burnal-training permit. Then please remove carbanapapers. Poget 1 on 32 phould be tile than and Membril typases principle burnal, cremation, or emostal. In and Membril typases principle burnal, cremation, or emostal.		Canditians, if any, which gave rise to immediate	DUE TO, O	R AS A CONSEQUE Cardiom				F 7.51	l year
o that the ed by the elease re- rial, crem ar other		cause (a), stating the underlying cause last.	(c)		s mellit				20 yrs
ORDS, 2	TION	PART 2. OTHER SIGNIFICAN Malnutriti	on						
TALREC	CERTIFICATION	190 DATE OF OPERATION	Pisa	ITION FOR WHICH			200 AUTOPSY? YES ▼ NO□	IN CERTIFYII YES	
SECIAN OF VIII Certifical certifical mental from sental from	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	NER) P.	M. MONTH DA M.	Y YEAR		RED (ENTER NATURE OF INJE	JRY IN ITEM 18 PAR	(1 OR PART 2)
NG PHY affer this on the big th and M arked or	MED	21d. INJURY OCCURRED WHILE OF WHILE OF WORK	74	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	NWC	COUNTY STATE
ATTENDI ripital or CTOR. A Illor use of Head		22s. I certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did	an	19		in (my) (aur) apinion	, to Map death accurred on the c	late and hour c	2
EAL DIRE		900 SIGNATURE	500	ren	MD	ATTENDING PHYSICIAN	MEDICAL STA □ DIRECTOR □ PHYSI	IFF CIAN	4 MAR 85
O FUNES hould be the St		Jonathan Sa		D.		KACH, Fort	George G.	Meade,	Md 20755
BP		SURIAL, CREMATION, REMOVA SPECIFY) CREMATIO			TAME OF CEMETE	MEM. PA	23d. LOCATION CITY OF TOWN RK BALTIM	ORE B	ALT. MD

MAR 7 1985 Lie Davidson Registrar's Signature

MAR 7

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

HARDESTY FUNERAL HOME ANNAPOLIS, MD

1 , 4 the state of the state of the State of the state of

092049 DWIN 3. SEX 5 DATE OF BIRTH MONTH To BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED IN CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY MINESTREET ADDRESS). USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE PRY OR TOWN 134 INSIDE CITY LIMITS? HUNBAD119 NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE RGINIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and ich. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF CLOSE Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF couse HIGH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASEOR CONDITION GIVEN IN PART 1161 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED per 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR and Mental OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from the deceased alive an_ libove, (1) (we) (did) (did not) view the body ofter death DEGREE FUNERAL IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should be owith the Si

23b. DATE

MIDDLE

STATE

DECEASED NAME

(TYPE OR PRINT)

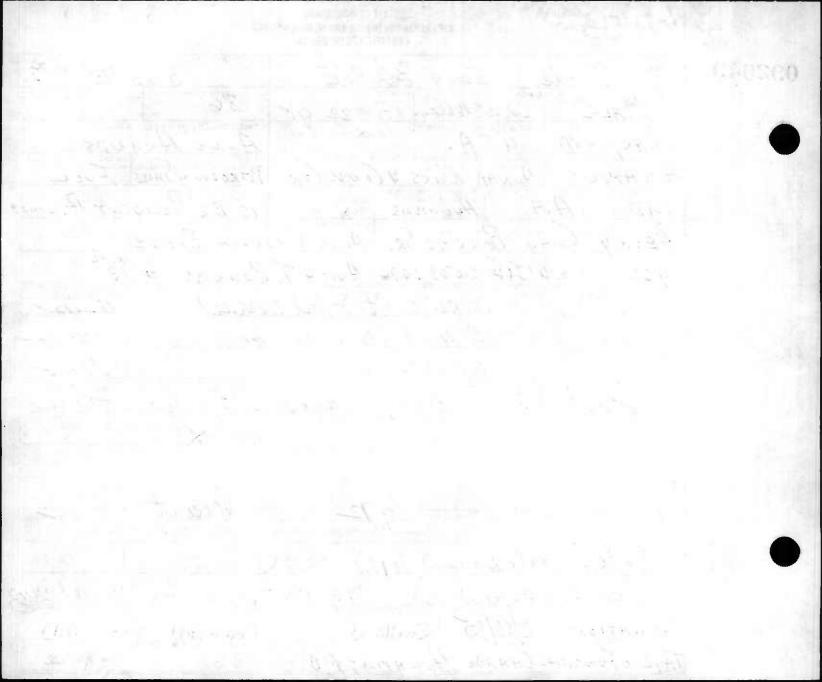
REGISTRAR

230. BURIAL, CREMATION, REMOVAL

BP

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 26. HOUR AGE (INVEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY ETROLIUM 13e. STREET ADDRESS LAST Same as APPROXIMATE INTERVAL 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO I 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) PITY OF TOWN COUNTY STATE that (1) (TE) last and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 72e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BY REGISTRAR 254 REGISTRAR'S SIGNATURE



TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

081034 mey be

filled in by the funeral director. ould be filed within 72 hours afte

and comple

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other troumatic event, the medical

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG	NO	

6

	REGISTRAR		4211111			REG. NO	D.		13000
1. DE	CEASED NAME FIRST	MIDDLE	7	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR 5
	5Tell	a b.	Bo	wer			3	7 85	7 A.M
3. SE	X 7	RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	+EMALE	White	2	3	88	97	YRS	MONTHS ORTS	HOURS MIN.
		b. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MA	DDIED []	9. BALTIMORE CITY O	R COUNTY	OF DEATH	/
	KenTucky	USA	WIDOWE	DIVO	RCED 🔲	ANN	ALL	inde!	MD.
	TOTAL PROPERTY AND ADDRESS OF THE PARTY OF T	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 		R OTHER INSTIT	NOITU	12a USUAL OCCUPATION OF WORK FOR MOST O		12b. KIND OF EL. INDUSTRY	F BUSINESS OR
	NNAPOLIS	BAY MANO	_			BAKER		BA.	KERY
	AL RESIDENCE (IF NURSING HOME OR C			13d. INSIDE CITY		13e STREET ADDRESS	,	XII	Upp
	Mid. A.	A. MAY	0		10 [X	130X 116	LI	grevie	W HUE.
14. F/		IDDLE LAST		15. MOTHER'S A	ST	WIDDIE		LAST	
		lay Goug		Liz		ADDRE	cc		
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL SEC WAR OR DATES)	URITY NO.	17. INFORMAN		ADDRE	.55		
	NO	271-16	5 - 341	Ethe	1 A B	Birk / S	same	as #13	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: POAD	waln	- A	ront			BETWEEN	MATE INTERVAL PINSET AND DEATH
	IMMEDIATE	,) /	11-01	7 1011	01.	10	1		
	Conditions of some title	DUE TO, OR AS A CONSECU	JENCE OF	mea	an	of depor	,		
	Conditions, if any, which gove rise to immediate	(b)	1	7000	-	1			
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	UENCE OF					-10-0	
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED T	O THE TERMS	NALDISEASE OF CON	DITION GIV	EN IN PART 1/n	
Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BOT	NOT KELATED I	O THE TERMI	NAL DISEASE OR CON	DINONON	EIN BAFARI 110	
ATI	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORA	AED	20a AUTOPSY?		S, WERE FINDIN	
CERTIFICATION						YES NO	IN CERTIF	YING CAUSES (OF DEATH?
ER.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	DAM VEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, P	ART 1 OR PART 2	
AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH I	DAY TEAK						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION		CITY OR TOV	(2)	COUNTY	STATE
Z	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	SINCEI		CITY OR TOV	0	COUNTY	SIATE
	22a.1 certify that (I) (this hospital	ol) ottended the deceased from		.5.	1980		7:	19 85	that (I) (we) lost
33	sow the deceosed olive on_		0	nd that in (my) (a	ur) opinion d	eoth occurred on the de	ote and hou	r and from the c	couses stated
	HA SIGNATURE	view the blody offer death.		DEGREE				22c. DATE	SIGNED
	Legnia	emo	A		ENDING A	MEDICAL STAIL		3.	4.85
	224. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS	144	1511 HA	MA	1B, NO	N 101
	C.V.CYI	RIAC		GLES	VBU.	RNIE	NO.	21061	
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BURIAL	03/12/85 C	edar	Hill C	emete	ry Suitl	and	PG	MD
24. F	UNERAL DIRECTOR			and Rd		REC'D. BY REGISTRAR		RAR'S SIGNATU	URE
ha		m Fun. Home	Suit	land M	Dn 4 0	mos little	Kriedan	~ Randel	-

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the hospital or attending physicion.

TO HOSPITAL



Fron Work

171-16-4 1

THE TRUE SEE SAME

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IMPORTANT:

CERTIFICATION

MEDICAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		STATE OF MARYLAND
FOR STATE REGISTRAR	BRANDON	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

76 CITIZEN OF WI

USA NAME OF HO

(IF NOT IN SUCH F

Arunde.

DLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
BRANDON	3-20-85 100 PM				
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.				
5 29 16	68 (XX) YRS				
AT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH				
WIDOWED DIVORCED	Anne Arundel MD.				
SPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
General Hosp.	Housewife				
E RESIDENCE BEFORE ADMISSION) CLITY OR TOWN Chestertown YES NO XX	130 RT # 4 Box 171 A 21620				
LAST MIS. MOTHER'S MAIDEN N					
l k					
	Rt # 4 BOX # 171A				
52.07-6048 John Rot	Rt # 4 BOX # 171A ot Brandon Chestertown M. Belinder Oxider And Potation Chester and Death				
52.07-Luyg John Rot	Rt # 4 Box # 171A ot Brandon Chestertown, M				
52.07-6048 John Rote Congestive Head	Rt # 4 BOX # 171A ot Brandon Chestertown M. Belinder Oxider And Potation Chester and Death				
52.07-6048 John Rote ongestive Heads	Rt # 4 BOX # 171A ot Brandon Chestertown M. Belinder Oxider And Potation Chester and Death				
52.07-LU48 John Rote for 1919, and 101 congestive Head S A CONSEQUENCE OF	Rt # 4 BOX # 171A ot Brandon Chestertown M. Belinder Oxider And Potation Chester and Death				

DUE TO, OR A Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR A underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CON 198 DATE OF OPERATION 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED

22a I certify that (this haspital) ottended the deceased from

above (t) well did (did nat view the bady after death

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY

STATE ur) apinian death accurred on the date and haur and from the couses stated

NOT WHILE

ATTENDING

MEDICAL DIRECTOR | PHYSICIAN |

STAFF

22c DATE SIGNED

COLEIU

22e ADDRESS

Mi

and that in (my)

DEGREE

23a BURIAL, CREMATION, REMOVAL Cremation

DECEASED NAME (TYPE OR PRINT)

New Jersey

Annapolis

LYES, NO OR UNKNOWN no

(STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 138. STATE 136 COUNTY

Robert Davis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 36

> 18 CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY.

> > IMMEDIATE CAUSE (a)___

Queen Anne

3. SEX

Md.

14 FATHER'S NAME

3/23/ 85

23t. NAME OF CEMETERY OR CREMATORY Silverbrook

23d LOCATION Crematory

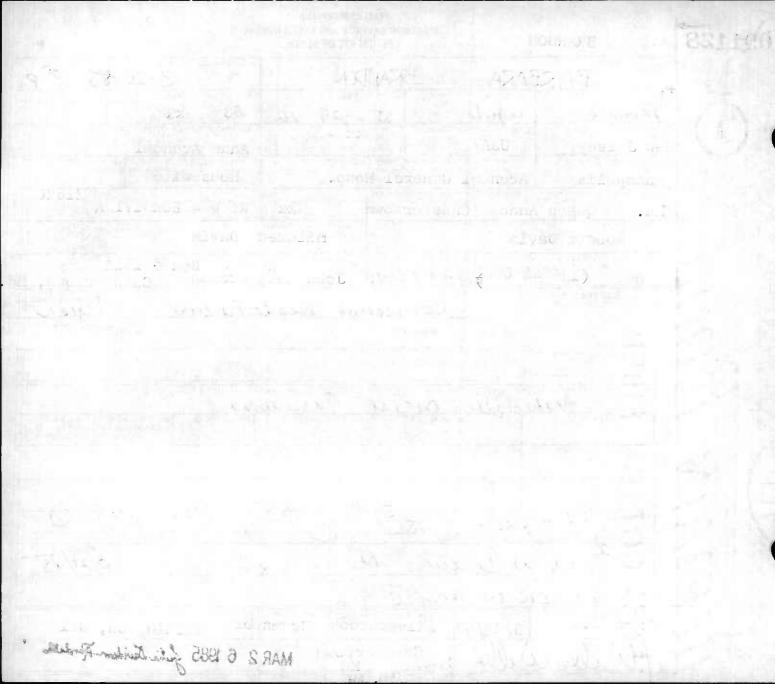
Wilmington, Del

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

ADDRE Chestertown Chestertown, Md

PREGISTRAR No REGISTRAR'S SIGNAUR



BP

DHMH - 16 60M 7/B4

(VRA 15, 4)

078043

- STATE

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

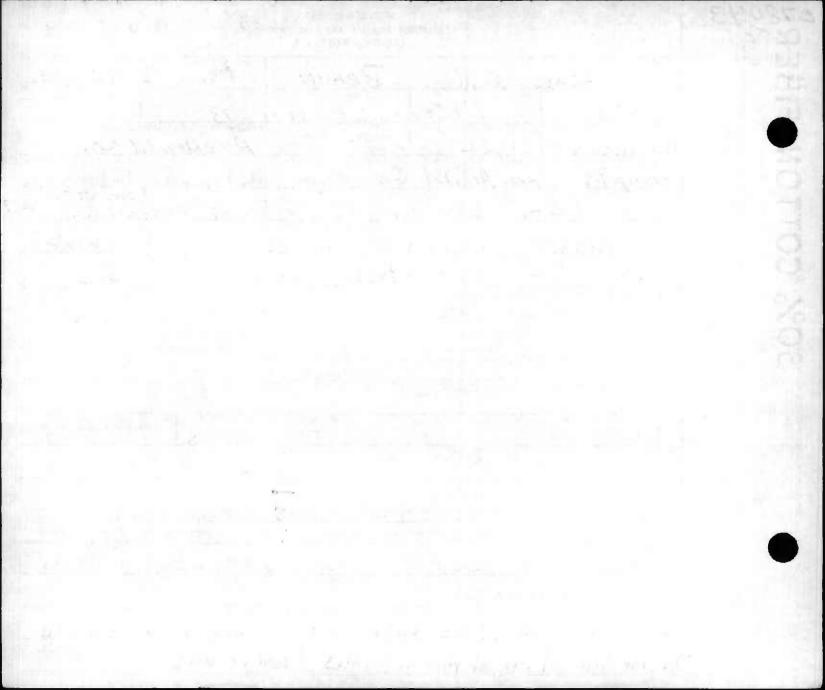
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH MONTH 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR DAYS YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR 13e STREET ADDRESS 21037 ADDRESS Sam APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN STATE Much and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

Kemm

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 1 8 1985

22c DATE SIGNED

3/16/8



the attending physician an remove carban papers. Pag

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1	1.	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME Cecelia	Brierly	20 DATE OF DEATH MONTH DAY					
And a	Female		White	DATE OF BIRTH / MONTH DAY 1 - 23 - 13	6 AGE (IN YEARS LAST BIRT	72 YRS MONTHS DAYS H			
1	Ne	W YORK	4.5. A. W	MARRIED NEVER MARRIED	Anne	Arundel	MD.		
2	P	tnnapolis	NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI ANDE AVOID HER INSTITUTION, GIVE RESIDENCE BEFORE ADM	el Gen. Hosp.	HOUSEW		sehold		
2	13a S	Md . 136 COUNTY		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /		201		
1	14	terman MIDI	Roell	Margari	e + MIDDLE	ss 106 Me 0	er		
1	(YES, NO PRINKNOWN) (IF YES, GIVE WAR OR DATES) 008-54-64/21 David E. Brierly SR. annapolis, MD								
S		PART I. DEATH WAS CAUSED B	CAUSE (a)	carect.	7	SETWEEN (ONSET AND DEATH		
100	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	uz CH.F.	jeue.				
		PART 20THER SIGNIFICANT COM	Currenter	TH BUT NOT RELATED TO THE TERMI					
1	CERTIFICATION	19a DATE OF OPERATION	. 19b. CONDITION FOR WHICH OPE	eration was Performed	200 AUTOPSY? YES NO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES			
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM	etc.) 21f LOCATION STREET	city or to		STATE		
		220.1 certify that (1) (this hospital) attended the deceased from 19 10 1, that (1) (we)-lost saw the deceased above (th) (me) (did not) view the body offer death.							
,		22b SIGNATURE	ul une	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF		ANS -		
		22d PHYSICIAN'S NAME (TYPE OR PR	Pal)	THE ADDRESS					

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR,

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

em - Rutiand County URMONT STATE TO STA ia APR utia Davidson-Randale

District and the first of the second 450 company of the second of t

			After the certificals has been ugned by the offending physician and completely filled in by the humani dialictor, page	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR				EALTH AND MENTAL HY		REG. NO.	0 0	EST
T	(TYPE OR PRINT)		MIDDLE	L/	AST .	2a DATE OF DE		DAY YEAR	26 HOUR
L	E	LINORE	SMITH E	RIGG	S	MAR	TH 11	, 1985	1105 R
T	3. SEX	4 RACE	5	DATE O		6 AGE (IN YEARS		IF UNDER TYEAR	IF UNDER 24 HRS
J	FEMALE	WHIT	E	IAN.	24,1901		84 YRS		MIN.
/[To. BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED		CITY OR COUNTY		
A.	ARKANSAS	U.S.	.A.	VIDOWE	DIVORCED	ANI	NE ARUNDE	L COUNT	Y MD
4	O CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET ADI H ARUNDEL	DRESS)	ROTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOI	MOST OF WORKING LIF		F BUSINESS OR
	USUAL RESIDENCE (IF NURSING			MISSION)	13d INSIDE CITY LIMITS?		RESS / ZIP CODE		DFA
T	14 FATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN N	NAME	IDDLE	LAS	ī
4	GEORGE		SMITH		JEANETTE			STEELM	
T	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURI	IY NO.	17 INFORMANT (DAUC	GHIER)	ADDRESS		
L		N/A	219.05.8034	1	MRS. WINONA C.	. MORION	SAME AS 13		MATE INTERVAL ONSET AND DEATH
	Conditions, if any, v gave rise to imme- cause (o), stating underlying couse	which diate the last.	liver	CE OF	y huz	offe	\		
	PART 2. OTHER SIGNIF	PICANT CONDITIONS CO	ONTRIBUTING TO DE			RMINAL DISEASE O	72 20b. IF YES	, WERE FINDIN	NGS USED
1	TIFIC	3.3				YES N	_	YING CAUSES	OF DEATH?
	OD CONTRIBUTION TO CAN	USE OF DEATH HOUR A.	FINJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM 18 P	PART I OR PART 2)	
I	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURREI NOT WHILE AT WORK	(AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FAR/	w EIC)	21f. LOCATION STREET	CI	TYORTOWN	COUNTY	STATE
	saw the deceased	his haspital) attended the alive on [] (did nat) view the body	11 190	1	d that in my) (our) apinio	on death accurred o	the dote and hou	1	
1	22d. PHYSICIAN'S NAM	ee C	200	2		DIRECTOR .		OTATON	D 104
1	February Comment					325 HOSPI			E 104
+	RECEP 1		122. 514	ME OF C	GLEN B	URNIE MA		1001	
1	(SPECIFY) RETIDENT AT	MADOU 1			EMETERY OR CREMATORS	CITY OF I	OWN	COUNTY	MD STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS SINGLETON FUNERAL HOME GLEN BURNIE, MD. 21061

HATTER OF THE The first of the second second

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

35.60 C tuning Fillerich Haus Hennight Con molecular all - may All B. B. Meregers & He Cope Se Core File amidia Homester White the same have the William D. Isan and Jan Philosophia Co.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NQ.	
T DECEASED NAME FIRS	ISON E	BR	POOKS	20. DATE OF DEATH MONTH	21 85 26. HOUR 4 21 85 5:50 M
MALE	NEGRO	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	
70. PTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIE[WIDOWE		ANNE Aru	NTY OF DEATH MD.
ANNapoliS	11. NAME OF HOSPITAL,	Arun	del (TCN)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	17% KIND OF BUSINESS OR INDUSTRY
MARYLAND 13b. C	ME OR OTHER INSTITUTION GIVE RESIDES OUNTY AND A.	OR TOWN		18 Bausum Dr	ive 21401
JOHN	BROOKS		FLÖSSIE	WIDDLE	ADÂMS
160 WAS DECEASED EVER IN U. NO OR UNKNOWN) (44)	3 GARAGE AR OR DATES)	IAL SECURITY NO.		apolis, Maryla ROOKS 18 Bausum	
Canditions, if ony, white gave rise to immediate cause (a), stating the underlying cause loss PARY 2 OTHER SIGNIFICATION 190 DATE OF OPERATION	DUE TO, OR AS A CO	MAC H INSEQUENCE OF INSEQUENCE OF SCASSO INC TO DEATH BU	rrest (Veni lesi Osclare E heart of Not performed	PES NO	n motant t- years 2 years ONEN IN MART TO B YES. WERE INDINGS USED RIFYING CAUSES OF DEATH? YES. WERE INDINGS USED RIFYING CAUSES OF DEATH? YES. WERE INDINGS USED RIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED NOT WHILE AT WORK The tertify that (1) (this the deceased alive	P.M. MON A.M. MON P.M. ITE PLACE OF INJURY (AT HOME STREET, FACTOR HOSPITAL) AMERICAN THE ACCUSE OF	OFFICE FARM ETC.	711 LOCATION 118E1	death occurred on the date and in the date and	COUNTY NAT
23a. BURIAL, CREMATION, REMO	OVAL 73b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	9 11125
BURTAL	3-26-1985		REST CEMETERY	Annapolis	A.A. Maryland
	apolis, Md. 21	401		E REC'D. BY REGISTRAR 25b. REG	
WILLIAM REESE	& SONS MORTUAR	Y, P.A.	17.17	R 2 7 1985	· Sevidson-Randesse

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

093138 1 - STATE REGIST REGISTRAR 20 DATE OF DEATH 26. HOUR . DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) March 29, 1985 Brown Anna 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE IF LINDER 1 YEAR IF UNDER 24 HRS Sept. 5, 1914 Female White 70 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVER MARRIED Baltimore USA Anne Arundel County WIDOWED X MD NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 1315 Broadview Blvd. Glen Burnie Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY AA 13e. STREET ADDRESS
1315 Broadview Blvd. Glen Burnie Maryland NO X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Edward Eckerl Joseph Mary Elizabeth 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (IF YES GIVE WAR OR DATES) 214-80-4811 Donald C. Brown, 114 Glenlea Drive, Glen No BETWEEN ONSE DU CHALLE 18. CAUSE OF DEATH (Enter only one couse per land for its about PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ACCIDEN WAS UNDERLYING 21c HOW INJURY OCCURRED 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the dedeosed from sow the deceased alive on above, (i) (we) (did) (did not were the body after death _, and that in (my) (ar) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 22b. SIGNALIF ATTENDING MEDICAL March 29,1985 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRIN 22e. ADDRESS C. W. Finney, M.D. 5820 York Road, Baltimore, MD 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

1985

Howard Elkridge Meadowridge Mem. PK. 250 PATE RECID. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

MD

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

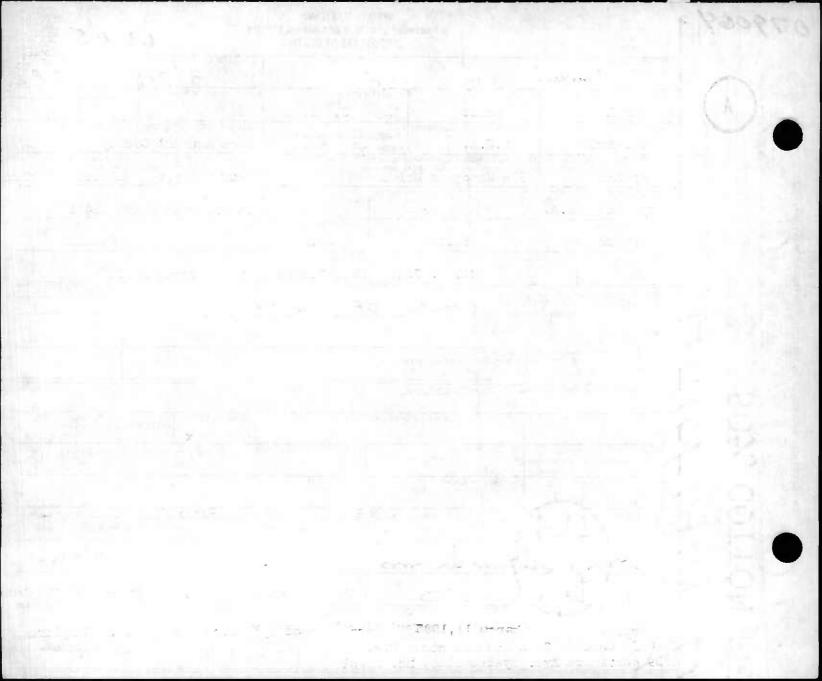
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	REGISTRAR				CENTILI	CATE OF	PENIII		REG. NO).			
	EASED NAME	FIRST	-	MIDDLE	LA	AST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b. HOU	R
(IAME	OR PRINT)	DOROTHY	7.	М.	BRO	WN			3/	7/	85	12	PA
. SEX	(4. RACE		S. DATE O		YEAR	6. AGE (INY	EARS LAST BIRT	HDAY)	MONTHS DAY		24 HRS
	Female		Whi	ite _	May	3°,	1918	66		YRS.			
	RTHPLACE (STATE			WHAT COUNTRY?	8 MARRIED	D NEVE	R MARRIED			_	Y OF DEATH		
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An	ry or town of t napolis		774 Wi	HOSPITAL, NURSING H FACILITY, GIVE STREET AD Lndgate Dr	ive	R OTHER IN	ASTITUTION	TYPE OF WOR	FOR MOST O	F WORKING	LIFE) INDUSTR	of Busine tronic	
3a. S	TATE TYPland	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Annapolis		13d. INSIDE	CITY LIMITS?	13. STREET 774 Wi	address Lndgat	e Dr	ive 21	401	
l. FA	THER'S NAME FIRST Edward		WIDDLE	Pollen			R'S MAIDEN NA	WE	MIDDLE		Fra	zier	
oo V	AS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFOR	MANT		ADDRE	SS	15.0		
(Y	NO OR UNKNOWN	(IP TES, GIV	E WAR OR DATES)	227-07-72	29	Mrs.	Lorene I	Brown	San	ne as	13e		
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DHMH - 16 50M 4/82

(VRA 15, 4)



- STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

3. SEX

FIRST

WILLIAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BUNK, SR.

5. DATE OF BIRTH

MONTH

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1985

IF UNDER TYEAR

INDUSTRY

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

CONSTRUCTION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NO [

STATE

STATE

LAST

FRICKE

:10 am

MD.

IF UNDER 24 HRS

REG. NO

MONTH

MARCH 5.

2g. DATE OF DEATH

A AGE LIN YEARS LAST BIRTHDAYS

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JAN.17,1907 MALE WHITE 78 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED COLINTRY ANNE ARUNDEL DIVORCED MARYLAND U.S.A WIDOWED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL CARPENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13e. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MD A.A. MILLERSVILLE NO X 197 W.PASADENA RD. 21108 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FREDERICK BUNK ELISE W ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (WIFE) (IF YES, GIVE WAR OR DATES) 212/09/1622 MRS. AMELIA E. BUNK SAME AS 13 NO N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CARDIAC IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF HYOCAKDIAL INFORETION ACUTE Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATIO 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21L LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK AT WORK sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter dec and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS ITKIOL, M.O. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE CITY OR LOWN

MARCH 8,1985

MIDDLE

HENRY

4 RACE

DHMH - 16 50M 4/83

(VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

BURIAL

FUNERAL HOME GLEN BURNIE, MD 21061

GLEN HAVEN MEM. PARK GLEN BURNIE A.A. MD.

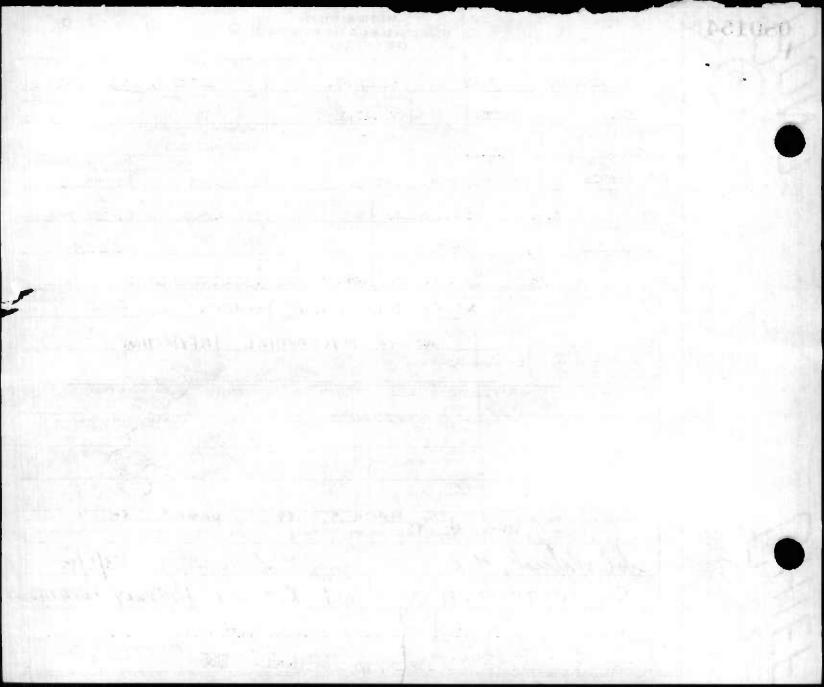
COUNTY

COUNTY

22c. DATE SIGNED

YES [

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Will about with the work



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marked or Item 18 shaws

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL CERTIFICATION

(SPECIFY)

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FOR STATE

REGISTRAR

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DEPA CERTIFICATE OF DEATH

	REG. N		1	ST			
20. DAT	TE OF DEATH	MONTH	DAY	1	'EAR	26 HOU	R
	MARCH		15,	19	985	42	0 A
6 AGE	IN YEARS LAST B	RTHDAY)	IF U	NDER	1 YEAR	4F UNDER	24 HRS
01			MON	THS	DAYS	HOURS	MIN.

TYPE OR PRINT!	FIRST	WIDDLE	LAST			20. DATE	OF DEATH	MONTH	DAY	YEAR 2	6 HOUR	
TYPE OR PRINT)	STANLEY		BURNER			N	ARCH	1:	5, 1	985	420) AM
SEX	4. RACE		5. DATE OF B			6 AGE (II	N YEARS LAST BE	RTHDAY)	IF UNDER		F UNDER 24	
Male	Caucas	ian	July	23,	1900	84		YRS	MONTHS	DAYS	HOURS	MIN.
BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED [NEVER MA	PRIED T	9 BALTIM	ORE CITY	OR COUNT	Y OF DE	ATH		
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CITY OR TOWN OF DE		HOSPITAL, NURSING		THER INSTIT	UTION		LOCCUPAT			KIND OF	BUSINESS	5 OR
GLEN BUR		H FACILITY, GIVE STREET AF		TAL			ork for most or Mon				rumer	its
SUAL RESIDENCE HE NUR	136 COUNTY	GIVE RESIDENCE BEFORE		d. INSIDE CITY	LIMITS?	13e.STREE	ADDRESS	/ ZIP COD	E 9	RIC	190	2
New Jersey	Union	Plainfie			2	405		ont S		7060	//	
FATHER'S NAME	MIDDLE	LAST		MOTHER'S A		ME						700
Frederick B		LASI		Emma		e Busi	tle)			LAST		
	IN U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO 17	INFORMAN'	Ī		ADDR	ESS 270	7 Th	omas	Poir	it Rd.
NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	156-20-2	655	Gail B	. Olms	stead	A	ппаро	lis,	MD.	210	043
18 CAUSE OF DEAT	TH (Enter only one cause per VAS CAUSED BY	line for (a), (b), and	10 A	0 0	1				BE	APPROXIMA TWEEN ON	TE INTERVA	ATH

18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per line for (o), O BY E CAUSE (o)	Reval feiler	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	Diabely neval disease	1 year 5 years.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

				IN CERTIFYING CA	USES OF DEATH?
			YES NO	YES	NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PA	RT 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COUN	ITY STATE
220 1 certify that (I) (the hopetal) saw the deceased alive on above, (I) (we) (did) (did not) v	114 1988 00	od that in (my) (opinion	death occurred on the do	te and hour and fran	, that (I) (we) last in the couses stated
226. SIGNATURE		DEGREE		22c. l	DATE SIGNED
Geren	Blood MN	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN []	118/85
22d PHYSICIATY'S NAME LIYPE OR PR	INT)	22e ADDRESS 8	EVERGREEN R	OAD AT RI	GCS AVENUE

230. BURIAL, CREMATION, REMOVAL

Burial

SEVERNA 23¢ NAME OF CEMETERY OR CREMATORY Hillside Cemetery

ARK MARYLAND
23d LOCATION
CITY OR TOWN
Scotch Plains Union New Jersey

20b. IF YES, WERE FINDINGS USED

PARE LOring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, Maryland 21133

3/18/85

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CEDTICIC ATE OF DEATH

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%099131	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
7000101	1. DECEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 28 HOUR
9 150	(IVPEORPRINT) Lucile Woods Campbell Mar. 281985 M
Om O	4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HOURS MIN.
90	remale White Horil 17, 1890 94 YRS
g 25	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
9 1 6	WIDOWED DIVORCED TO THE IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR
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20 rs rs rs	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13a. STATE 13a. STREET ADDRESS / ZIP CODE; 2/401
AND 2	130. STATE 130 COUNTY 132 CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE, 21401
E 1 1000	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
# 9 1/2KI	Hugh Meredith Woods Etta Kelley
No sedice	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 21 ADDRESS EX Road 1961
1 1 1/	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficos physical prospinos mospinos	PART I. DEATH WAS CAUSED BY:
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ESTO decre others none nome	Conditions, Ray, which is Deducted and the to placement in
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9 11117	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 250 AUTOPSY? 261 IN CERTIFYING CAUSES OF DEATH?
A TOTAL	
Physical Phy	TO CHEET AND CHARTER OF DEATH HOUR A.M. MONTH DAY YEAR OF DEATH HOUR A.M. MONTH DAY YEAR
No despera	P.M. O.3 O. 185 216. PLACE OF INJURY (AT HOME, SIREET FACTORY, OFFICE FARM, ETC.) SPEET SY OR JOWN COUNTY STATE
And the stand	(AT HOME, STREET FACTORY, OFFICE FARM, ETC.) STREET A Dube of Glouces Ver, ANNAPOL
202 A 202	critify that (1) this hospital) attended the deceased from
A # 8 8 8 8 0 0	the decretal live on 3/20, and that in (m() (our) opinion death occurred on the date and hour and from the causes started allows, (i) (vividid) (bits not) view the body after death.
S o s o s o s o s o s o s o s o s o s o	SIGNATURE 22. DATE SIGNED 22. DATE SIGNED 22. DATE SIGNED 22. DATE SIGNED
A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN DIRECTOR PHYSICIAN 3
Aura Control	DABBS, W.A. 703 Gildings are man
D F 1/2 3 3	230 BURIAL, CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d. LOCALON CITY OR TOWN COUNTY STATE
BP	24 FUNERAL DIRECTOR 1250. DATE RECTOR BY REGISTRARY S SIGNATURE
DHMH - 16 50M 4/B3 (VRA 15, 4)	NAME A ANDRESS
(VKA 15, 4)	Daylor Kuneral Chapel-Honapolis, MD APR 4 1995 Michaelle

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

	REGISTRAR		CCICITI	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR	
(7.77	James	s Louis	Carr	2	March 12		11:40 %	
3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS	
	Male	White	1	ist 10,1916	68	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		XXNEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEAT	н	
	Maryland	USA	WIDOWE		Anne Aru	ndel Co.	MD.	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATION		ND OF BUSINESS OR	
y .	Crofton	Crofton Co	nvalesc	cent Center	Farmer Bu			
USU, 13a S	AL RESIDENCE HE NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13c. CITY OF		136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	7165	
	Md.	A.A. Co. Gam	brills	YES NO X	2357 Bel	ll Branch	n Rd. 210)	
14 FA	ATHER'S NAME FIRST	MIDDLE LAS	1	15. MOTHER'S MAIDEN NAM	WE		LAST	
	Charles	В. С	arr	Annie	R.		Lark	
	VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	2357	Bell Bra	anch Rd.	
	no	220-	09-021	Helen W. C.	arr Gambr	rills,Md.	21054	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line fai (a), (b), and (c)		1 /	BETW	PROXIMATE INTERVAL	
		ATE CAUSE (a)	unan	a of Iros	tate		& glars	
		DUE TO, OR AS A CONS	SEQUENCE OF	0				
	Canditians, if ony, which	((b)						
	gove rise to immediate couse (a), stoting the	2005 20 20 10 1 200	EQUELICE OF					
	couse (a), stoting the underlying cause last.							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
NO	THE STREET STOTE OF THE PARTY	r conditions <u>contribution</u>	D TO DENTIL DOT	THE TENNES TO THE TENNE	IN THE DIOENOE ON COITE	211011011211111111111111111111111111111		
ATI	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, WERE FI		
CERTIFICATION					YES NO	IN CERTIFYING CAL	JSES OF DEATH?	
CER	210 ACCIDENT WAS UNDERLYING		L DAY VEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	T 2)	
	OR CONTRIBUTING CAUSE OF E		DAT TEAK					
MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOV	wn COUNT	Y STATE	
¥	AT WORK AT WORK	LAT HOME STREET, FACTORY, C	PFFICE, FARM, ETC)	SIREET	CIT OK TO	/	31711	
	220 I certify that (I) (this hos	pital) attended the deceased t	ram 9	122 1984		12 1985	, that (I) (we) last	
	saw the deceased alive	nat) view the bedy after death.	19_85, or	nd that in (my) (our) opinian o	death occurred on the do	te and hour and from	the causes stated	
	22 SIGNATURE	nat) view the bedy after death.		DEGREE		22c D	ANE SIGNED	
	Verland	Imba la		ATTENDING PHYSICIAN	MEDICAL STAF		113/85 -	
	224. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS	7			
	Dr. Peeler	2		51 Frankl	in St. An	napolis,	Md.	
23a E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	10		
	Burial	3/16/85	Waugh	Chapel Cem	Gambri	ills, A.A.	.Co. Md.	
24. FI	UNERAL DIRECTOR	12	Ride	elv Ave 250 DAT	E REC'D. BY REGISTRAR	25h. REGISTRAR'S SIG	NAPURE	
На		ral Home Ann	Md.	21401 MA	R201985	ina Davidson		
	7							

DHMH - 16 60M 7/84 (VRA 15, 4)

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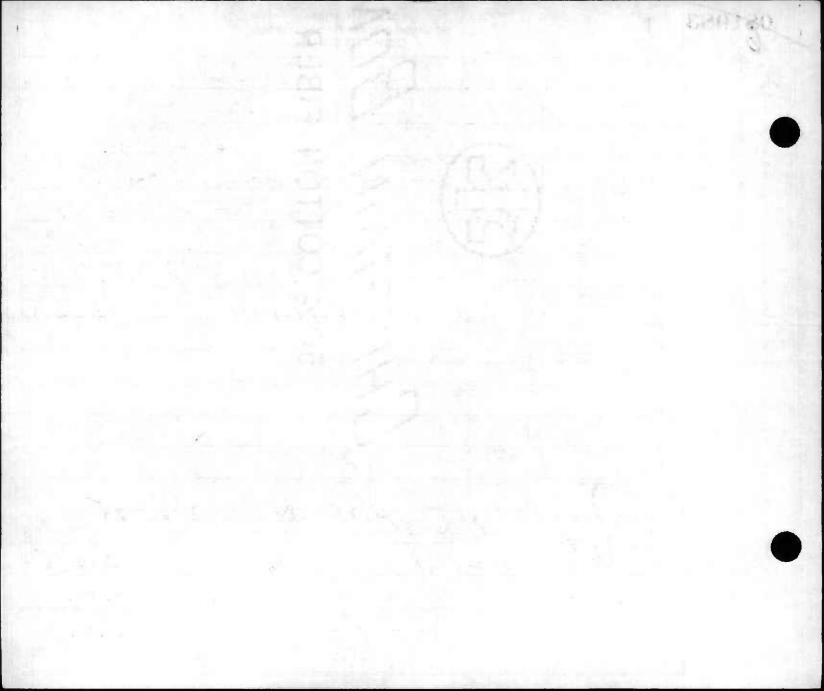
TO FUNDEAL DIRECTOR: After this certificate has been signed by the attendirence of the state of for use as the buriol-transit permit. Then please remove contains the state Dept. of Health and Mental Hygiene prior to buriol, cremotion, or

njury, or other froumotic

OPTANT If Item 21 is morked or Item 18 star

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FOR - STATE



injury, or other troumotic event,

should be detoched for use os the buriol-tronsit permit. Then pleose remove cr with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANI: If them 21 is morked or them 18 shows ony

74 FUNERAL DIRECTOR
Arnold Beard 353 Fountain St. HavreDeGrace, Md.

TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital or attending physicial

AADW I		STATE OF MARYLAND
81127 FOR 1 - STATE	•	DEPARTMENT OF HEALTH AND MENTAL HYGHENE
- STATE		CERTIFICATE OF DEATH

0	6	6	î	0
-	•			

REGISTRAR				CEKIII	ICATE OF DEATH	REG. N	٥.		
I. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D		2b. HOUR
(TIPE ON PRINT)	JOHN		W.	CAR	RRINGTON , Sr.		03/ 17	/ 85	0636 _M
3. SEX		4. RACE		5. DATE	*	6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
MALE		E		nonti	22 ZEAR	62	YRS.	JAIHS DATS	MOURS MIN.
70 BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	8.	D A NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	a.	USA		WIDOW		Anne Arun	de1		MD
Fort Meade		(IF NOT IN SUI	H FACILITY, GIVE STREET	ADDRESS)	or other institution	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired Mil	F WORKING LIFE		F BUSINESS OR
USUAL RESIDENCE (1 130. STATE Maryland	Harf	VTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Aberdeen	N	13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADDRESS 72 Liberty	St.	-	21001
14. FATHER'S NAME FIRST Albert		MIDDLE	Carringt	on	15. MOTHER'S MAIDEN NA/ Viola	WE		LAS	iT
160. WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS		
YES NO OR UNKNOW	1944-	1967	226-22-3	411	Delores Carr	ington same	as at	ove	
18 CAUSE OF	DEATH (Enter or	ly one couse pe	r line for (o), (b), on	dics				BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DE A	TH WAS CAUSE	D BY: TE CAUSE (o)	Hypoxic E	nceph	alepathy			15 mi	nutes
	immediate stating the couse last.	(b)	R AS A CONSEQUE Hemoptysi R AS A CONSEQUE denocarci	S NCE OF noma	of Lung			6 mo	onths
		_			sease, Atrial			N IN PART III	5
Athero					N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	
OR CONTRACTOR	AS UNDERLYING CAUSE OF DE	HOUR A	DE INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
(IF EITHER NOTIF	CURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
sow the de	ceosed olive or	tol) oftended the 17 Mar	ne deceased from 1 ch 19	1 Man 85 .	nd that in (my) (our) opinion o	, to <u>17 Marc</u> death occurred on the d		9 <u>85</u> , ond from the	that (I) (we) lost couses stated
22b. SIGNATUR	nath	m 5	alren	MI		MEDICAL STA	FF IAN []	22c. DATE	SIGNED NAR 85
JONATHA	N SAFRE		V		USAMEDDAC, F	ort George	G. Mea	ıde, MI	20755
23g. BURIAL, CREMAT		3/22/	4		ton National	23d LOCATION CITY OF TOWN Arlingto	n Fai	county	Va.

DHMH - 16 50M 4/82 (VRA 15, 4)

1001 LC. 1.00 mLT.

requires that the death certificate be executed within 24 hours ofter death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tashould be detached for use as the buriol-transit permit. Then please remove corbonaghers. Pages Land 2 shaving be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event, the medical

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH		REC	3. NO.				
1. DEC	EASED NAME	FIRST		WIDDLE		LAST	2a.	DATE OF DEAT		DAY	YEAR	26 HOUR	R
(TYPE	ORPRINT)	orto	ı		C	Cass		March	20,	1985	5	7:30)A M
3. SE)	(4 RACE		5. DATE C			GE (IN YEARS LA		IF UNI	DER I YEAR	IF UNDER 2	MIN.
]	Male		White	9	Apri	1000		80		RS.		HOURS	Wille.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8 AAAAAAA	NEVER MARRIED	9. B	ALTIMORE CIT	TY OR COL	INTY OF D	EATH		EUN
	rth Dako	ta	US	A	WIDOWE			1	Anne	Arur	ndel		MD.
10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION		USUAL OCCU			b. KIND O	F BUSINES	SSOR
A	nnapolis			polis C		Center		Superv				phon	e
USUA	AL RESIDENCE (IF NUR		OTHER INSTITUTION		RE ADMISSION)	1134 INSIDECITY LIMITS		STREET ADDRE		ONE	374	-07	
	arvland	A.A		Annapo.	lis	YES X NO	1 1	L227 B	Gem:	ini I	Driv	e	
_	THER'S NAME					15. MOTHER'S MAIDEN	NAME						
0	liver		MIDDLE	Cass		Minni	e	MIDD			Boy	d	
16a V	AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		A	DDRESS				
NO		(IF TES, GIV	E AVAR ON DATES!	577-01	-3049	Frances	G CF	Ass	same	as :	13		
	18 CAUSE OF DEAT	TH (Enter on	ly one couse per							T	APPROXI	MATE INTERV	VAL DEATH
	PART I. DEATH V	VAS CAUSE	D BY	1 0		ncinon	100				m	25	
		IMMEDIAI	E CAUSE (o)				, -				-		
	o tu u		DUE TO, O	R AS A CONSEQU	JENCE OF								
	Conditions, if ony gove rise to im-		(p)_										
- 32	couse (a), station	ng the	DUE TO, O	R AS A CONSEQU	JENCE OF								
9			(c)										
7	PART 2. OTHER SIG	MIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE OR C	CONDITION	GIVEN IN	I PART 110	0 '	
CERTIFICATION	Drubell	1 m	01/10010	coron	2110	1001/ CUDA	asi	nga	4/0/0	5/11	27		
CA	19a. DATE OF OPERA	MOITA	196. COND	ITION FOR WHICH	HOPERATIO	N WAS PERFORMED	1	20a AUTÓPSY?		IF YES, WEI ERTIFYING			
TIFE			- 3					YES NO		YES [NO 🗌	
G	21a. ACCIDENT WAS UN	-	216. TIME C	FINJURY M. MONTH (AY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF	INJURY IN ITE	M 18 PART 1 C	OR PART 2)		
AL	OR CONTRIBUTING			M.	19								
MEDICAL	21d. INJURY OCCUR	-	21e. PLACE	OF INJURY		211 LOCATION		CITY	OR TOWN		OUNTY	ST	TATE
W	WHILE NOT W	THILE	(AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC)	ZIMEET		Ciri	OK 10 1111		00****	3,	A.L
	220.1 certify that		tol) ottended th	ne deceased from,	~ /	979 19		to	3-20	2, 19.5	3	tha (I) (w	(e) lost
	saw the decease			7	35.0	nd that in (py-lour) api	nion deot	h occurred on t	he dote one	d hour and	from the	causes sta	ted
	226. SIGNATURE	did) (did no) view the body	offer death.	2	DEGREE					22c. DATE	SIGNED	
	61	11.4	-/0/1	m		ATTENDIN		NEDICAL	STAFF	, !	9-	2~5	3 100
3	22d. PHYSICIAN'S N	AME LIVE O	R PRINT)	1//		22e ADDRESS	N D	KECTOR PH	ITSICIAN L		0 0		10
	GIN	1.2	60/1	my		2050.	12	1 Dra	1 A	200	8	140	1
		1176	120	10/12		1 2 -) KI	up!	11104	UT	1/00	bel	1118	
	URIAL, CREMATION,	, REMOVAL	23b. DATE			EMETERY OR CREMATO		23d LOCATION	tlan	2 000	INTY		TATE
_	urial		3/23/			Hill Ceme		2 1		J.		M	<u>U</u>
24 FL	JNERAL DIRECTOR		4	308 Sui	tland	1 Ku 25a.	DATE RE	C'D. BY REGIST	RAR 256. RE	GISTRAR'S	SIGNAT	URE	

E Wilhelm Funeral Home Suitland

DHMH - 16 50M 4/83 (VRA 15, 4)

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Supervisier

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.						
7	. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR 30					
1	LILLIA	AN K.	CA	ULDER	3	3 85 10 PM					
١	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.					
ı	Female	White	Jan.	7.6 7.000	76 YRS	MONTHS DAYS HOURS MIN.					
1	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH					
ı,	Marvland	USA	WIDOWE	_	ANNE ARUNDEL	COUNTY MD.					
ı	I CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION	G LIFE) INDUSTRY					
1	GLEN BURNIE	NORTH ARUNI		PITAL	Acctq. Tech (
	USUAL RESIDENCE (IF NURSING HOME O			13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO						
		e Arundel Cr		YES X NO		on Lane 21114					
-	14 FATHER'S NAME	MIDOLE LAST		15. MOTHER'S MAIDEN NAM		LAST					
4	Louis	Kush		Rose	MIDGE	Tocker					
1	MAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO	17 INFORMANT	ADDRESS						
L	NO	577-03	3-3676	Beverly Ea	astland; 1365						
Ī	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b)	, and Ici.	1	1.1.4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
1		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Cardiopulmonary direct									
١			EQUENCE OF	a to	1. 0 0	1 men T/					
	Conditions, if ony, which	((b) Coros	navy	areny a	way	2 months					
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF									
1	underlying couse lost. (c) Roumally Heart disease 90 yrs										
١		PART 2. OTHER SIGNIFICANT SONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	o Myser	annon									
1	190 DATE OF OPENION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?					
4	all land			To	YES NO	YES NO					
ı		LICHE A MA MONITH	DAY YEAR	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)					
ı	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED		19								
ı	21d. INJURY OCCURRED WHILE NOT WHILE N	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY					
ı	AT WORK		10.1.0	02	mark	46					
ı	22a. I certify that (1) (this hasp sow the deceased alive a	oital) attended the deceased fr	4 6 11	nd that in (my) (our) opinion	death occurred on the date and I	how and from the causes stated					
1	obove, (f) (we) (did) (did n	of view the body after death.		DEGREE_	dediti occurred on the dote ond t	22c DATE/IGNED					
1	226. SIGNATURE	Beren	7 1	ATTENDING /	MEDICAL STAFF	3/4/85					
4	77d PHYSICIAN'S NAME (TYPE	1		77 PHYSICIAN P	MIRECTOR PHYSICIAN	1/10/					
١		REZ, M.D.		16145 Bl	ense Holeun (retter MA					
4				1047 000	Not rife.	Troning					
	23a BURIAL, CREMATION, REMOVA (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE					
ŀ	Burial	13-6-1985 ANGKY COLDER	Arling	ton Natl Ce	em Arlingto						
	24 FUNERAL DIRECTOR DANZ			CULTO.	A 400G	ISTRAK S SIGNATURE					
	1170 Rockvill	e rike; Kock	ville,	Ma. 208528 U	B MAR ALL K	2 200					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon papels with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as remaval.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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etoined by the hospital or attending physician

injury, ar ather troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

Traver your boars and they are and etter Reference of March Mississey SE your Ed DE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1011	1'	REGISTRAR	g. grad-1-0		CERTIF	CATE OF DEATH	REG	. NO.		
080156	1, D	ECEASED NAME FIRS PE OR PRINT) JOI		MIDDLE	Cav	allo Sr	20 DATE OF DEATH	3 '	7 85	26 HOUR 2:48PM _M
(A after ()	3. 5	Male	4 RACE Whi	te	5. DATE O		6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Port of or other ports of other port	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York		WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CIT Anne	Y <u>or</u> county Arundel		MD.
e who to led with a	71	inthicum	LIE NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET I NOOdland F	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC Foreman		INDUSTRY	F BUSINESS OR
Alled in	130	JAL RESIDENCE (IF NURSING HO STATE 13b. C aryland	ME OR OTHER INSTITUTION	13a. CITY OR TOWN Linthicu	N I	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRES	ss / ZIP CODE	oad 2	1090
The state of the s	7	ATHER'S NAME FIRST Frank	MIDDLE	Caval]	lo	15. MOTHER'S MAIDEN NA Teresa	ME	E	Ti	rella
Poges /	160.	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF Y)		166. SOCIAL SECU 156-03-		Doris C. Ca		Same as	-	
in that the death certifical do by the ottending physical cremove corbon popicial, cremotion, or remova or other troumotic event,		Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, C	DR AS A CONSEQUE	INCE OF	hetastatu	Colon (loncor.	4	months months
hos been signe permit Then permit Then permit to bur	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICA		ONTRIBUTING TO D		NOT RELATED TO THE TERM	200 AUTÓPSY?	20b. IF YES,	, WERE FINDING CAUSES	NGS USED
PHYSICIAN: The tending physicial this certificate he burial-transit and Mental Hygin and ar Item 18 ships		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA 21d IN JURY OCCURRED WHILE NOT WHILE	MINER) HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F.	19	211 LOCATION STREET	RED (ENTER NATURE OF		COUNTY	STATE
OR ATTENDING e hospitol or at DIRECTOR: After iched for use as t Chept, af Health o Ettern 21 is marke		220.1 certify that (I) (this saw the deceased almobave, (I) (we) what (d	re on ~\an	19 6	5 <u>5</u> , on	d that in (my) (our) opinion		e date and hour		SIGNED
retained by the retained by the TO FUNERAL D should be detact with the State D MPORTANT: If	1	DENNE	Grang	ulis	ND	CADDRESS of N	DIRECTOR PHY	encor (Co	ten c	185 ·
BP	230	BURIAL, CREMATION, REMO	3/11/			emetery or crematory idge Mem Park	23d. LOCATION Balto	И	Howard	Ma

DHMH - 16 50M 4/83 (VRA 15, 4)

George Gonce 4001 Ritchie Hgwy Balto Md

23d LOCATION Balto

Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAND 4 4 4005 Julia Davidson Mandall MAR

and the second of the second s TERRIS WARRENT ALL AND THE PARTY AND THE PAR when I must be sold with First Michael 231218 die a find of the south Three calls which beyond the latter and a fallen

'Mt. Rainier. Md.

well Davidson-Randalle

DHMH - 17

(VR A15 ME (5)) 20M 4/B2 Nalley's F.H.Inc.

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(Madell) effected to good to be a set of the

from reduced and a first

and production and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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001		FOR
		- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

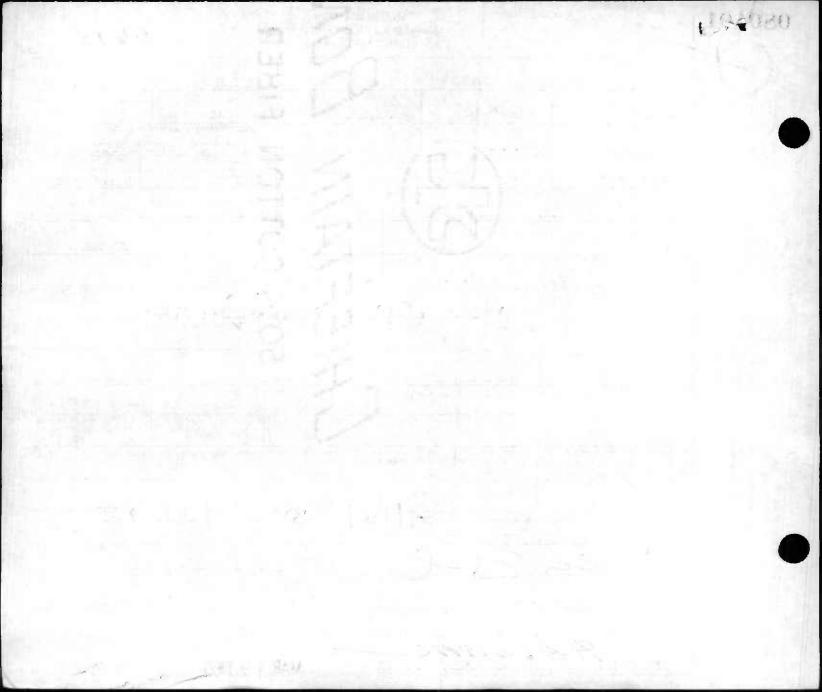
6	0	8	A
10	1	15	
		1	,

1	REGISTRAR				CALL OF PLATE	REG. NO	J.	E
	DECEASED NAME FIRST		WIDDLE	L)	AST	20. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
	MARGAR	ET	NMN	C	DACH	MARCH 14	, 1985	1:17 P M
3. :	SEX	4. RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	TYEAR IF UNDER 24 HRS
1	FEMALE	WHITE		FEB.2	5,1903 YEAR	82	YRS.	DAYS HOURS MIN.
.70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		TH
2	MARYLAND	U.S.A		WIDOWE	NEVER MARRIED U	ANNE ARUNDEL COUNTY MD		
/ 10.	CITY OR TOWN OF DEATH			IG HOME O	R OTHER INSTITUTION	126 USUAL OCCUPATI	ON 12b K	IND OF BUSINESS OR
	GLEN BURNIE	BURNIE NORTH ARUNDEL HOSPITAL		PITAL	CAFETERIA		hool System	
	SUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				ROI System
-31		A.	SEVERNA P		13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS /		1.46
_	FATHER'S NAME		DEVIATE FA	ושעי	15. MOTHER'S MAIDEN NA	<u> </u>	TULLY IV. ZI.	140
1	CHARLES MIDDLE		KLEIN CATHERINE		WIDDIE		RIHAUSEN	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT (DAUGE	TER) ADDRE	SS	
		NE	217.22.845	50	C. PATRICIA VEST	SAME AS 1	3	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse pe	The for log (b), on	dica		70	BE!	APPROXIMATE INTERVAL EWEEN ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY ² 200. IF YES, WERE FINDINGS USED							FINDINGS USED
7				YES NO YES NO NO				
MEDICAL CER	OR CONTRIBUTION C CAUSE OF DE	HOUR A.	DE INJURY M. MONTH D. M.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	IV IN ITEM 18 PART 1 OR PA	ART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE I	ARM ETC)	21f LOCATION STREET	CITY OR TO	WH COUN	NTY STATE
	220.1 certify that (1) (this haspital) attended the deceased from 19, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated							
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
-								
	RECEP EROL, M.D.			325 H	OSPITAL DRI BURNIE, MAR		61	
23	a. BURIAL, CREMATION, REMOVAL	236 DATE	23€	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	(SPECIFY) BURIAL	MARCH 18	3,1985 CED	AR HILL	CEMETERY	BROOKLYN	RFD	MD
24	FUNERAL DIRECTOR	3 1/V	nam	-		E REC'D. BY REGISTRAR		
	SINGLETON FUNERAL	HOME CLEN	J BURNTE, M	2106	1 MAN	9 4 0 4005	Julia Davidse	n-Rando De
					I I I I I I I I I I I I I I I I I I I	7 300	9	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.



BP

DHMH - 17

(VR A15 ME (5)) 20M 4/B2

24. FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md. 21061

5 (5) II

 requires that the death certificate be executed within 24 hours after

TTENDING PHYSICIAN: The

TO HOSPITAL OK ATTENDING PHYSICIAN: The retained by the haspital or attending physicia

BP DHMH - 16 60M

(VRA 15, 4)

pletely tilled in by the gd 2 should be filed w

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

1 -	STATE REGISTRAR	DEPAK		ICATE OF DEATH	REG. NO.		EST		
	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONT		2b HOUR		
1	FRED	ERICK CARROLI	COOF	PER	MARCH	31, 198	5 115,		
3 SEX		4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR			
	Male	White	Sep	28,1905 AR	79	YRS MONTHS DAYS	HOURS MIN.		
	RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	D M NEVER MARRIED	9 BALTIMORE CITY OR CO				
	aruland	USA	WIDOWI		ANNE AR	UNDEL COU	NIY M		
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS O		
	GLEN BURNIE	NORTH ARUN	EL FOS	PITAL	Machinist	(INDUSTRY	ental (
13g. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN ryland A.A	134 CITY OR TO		13d INSIDE CITY LIMITS?	130.STREET, ADDRESS / ZIP	E. Pasadena	, Maryla		
14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	14	SI		
	Frank	(oop	en	Alvina		Unknow	n		
	AS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS				
Į v	ES. NO ORUNKNOWN) (IF YES GIV	215-03	-7439	A Mrs. Helen	Cooper, Same	e as Above	2		
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF		20a AUTOPSY? 20b.	IF YES, WERE FINDI	NGS USED		
RTIFIC						YES NO			
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM IB PART (OR PART 2)			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		COUNTY	STATE		
Σ	WHILE NOT WHILE T	(AT HOME STREET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE		
	saw the deceased alive us above, (I) (we) (slid) (did you 22h 599 NTURE	Mai	13-,0	DEGREE ATTENDING PHYSICIAN	death occurred an the date at	77. DATE	SIGNED 1-85		
	22 PHYSICIAN SWAME (1991.0	1 \				RIVE SUIT	E 208		
	HILARY T.	O'HRLIN, M.D.			RNIE, MARYLAN	D 21061			
	URIAL, CREMATION, REMOVAL SPECIFY) (remation	April 1, 1985 Se		EMETERY OR CREMATORY y Process (nen	1, Inc. Cation	ville, Bal	to. (diaigh		
MC	ineral director (ully Funeral)	Home, Mt. & Ticker	eck Rd	21122 s. l'asadena,	RC2 BY RECUSTRAR 256. R	REGISTRAR'S SIGNA	Handele		

STATE OF MARYLAND

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hands passed . The

DHMH - 17 (VR A15 ME (5)) 20M 4/82

2

EXAMINER'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 18-85 Moore Memerial Gardens Arlington ARPANT Tex. 24 FUNERAL DIRECTOR 501 Ristchie Hwy. Ševerna Park. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

15 1085

Nettie

Arnold Md 2101

20 AUTOPSY?

YES .

COUNTY

NO .

STATE

126. KIND OF BUSINESS OR INDUSTRY

Automobile

AlamidaPkwy

APPROXIMATE INTERVAL

F 4 6. - 0. - 0. - 0. PARAGULIS BUXES PORAGET CHAPTERS TO OTHER TO ON THE The sales of the property of the sales of th Corrected Seatons TO THE REPORT OF THE PROPERTY OF THE STATE OF . The figure of the sea that the sea of the season of the . 11

STATE OF MARYLAND

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FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Barto	on M.	Croll	March 5.	1985 8:45am.
3. SEX	4 RACE	5. DATE OF BIRTH	0 7102 (DER 1 YEAR OF UNDER 24 HRS
Male	Caucasian	8 27 1890	94 YRS MONTH	AS DAYS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY OF	DEATH
Pa.	United States	MARRIED NEVER MARRIED WIDOWED X	Anne Arundel	MD.
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 11	N KIND OF BUSINESS OR
Severna Park	Meridian Nur	csing Center	Freight - Mgr.	Reading RR.
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		MORALING THE
Md. A.	A. I3c. CITY OR TOWN		13. STREET ADDRESS / ZIP CODE 1201 Cavalier	Rd. / 21012
14 FATHER'S NAME	1111010	15 MOTHER'S MAIDEN N		114.
Phillip	H. Croll	Amanda	MIDDLE	LAST
IAN WAS DECEASED EVER IN U.S. A			ADDRESS	Moyer
(YES NO OR UNKNOWN) (IF YES G	715-18-	a market		Cavalier Rd.
	11.2		ns Arnold	APPROXIMATE INTERVAL
PART I. DEATH WAS CAUS	SED BY:	LAD SO DELOX	ac (on once / Kon	BETWEEN ONSET AND DEATH
IMMEDIA	ATE CAUSE (0)	1000000		12/000
C12: 15 4:1	DUE TO, OR AS A CONSEQUE	ENCE OF		
Conditions, if any, which gove rise to immediate	(b)			
couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
DADY 2 OTHER SICAHEICANIA	(c)	DE ATH BUT NOT BELAVED TO THE TEL	RMINAL DISEASE OR CONDITION GIVEN IN	L DART 1:-
	CONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN I	N PAKI 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	28a AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED
JE I			YES NOTE YES T	CAUSES OF DEATH?
710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	
ON CONTRIBUTION CAUSE OF O		AY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMIN	P,M. 21e PLACE OF INJURY	19 211 LOCATION		
WHILE NO WHILE	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
AT WORK	3.5 0 1.10 1 1.1	9-301-	3 3-5 = ::	de de de

22a.1 certify that (1) (this hospital) attended the deceased sow the deceased alive on the body after death.

Th SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

3-07-85

22c. DATE SIGNED

DONALD H. HISLOP,

22e ADDRESS

ATTENDING

Robinson Rd. & Owens Way, S.P.,

morked or Item 18 shows

MPORTANT: If Item 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 3-08-85

23c. NAME OF CEMETERY OR CREMATORY Whitemarsh Mem. Pk

23d. LOCATION Horsham

Severna Park, Md. 21146

Par.

1 70 1 70

30_8 _6

3-2-5-6 EL -102-8

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital or attending physicion.

FOR STATE REGISTRAR

STATE OF MARYLAND

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				MILIE		2.45
DEPARTMENT	OF	HEA	LTH	AND	MENTA	L HYGIEN
CE	RT	IFIC	ATE	OF	DEATH	

	REGISTRAN		44		REG. N	40.		
	CEASED NAME FIRST FOR PRINT) TYEN	e MYRTL	0	oshaw	20. DATE OF DEATH	MONTH DAY		HOUR 30
3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST B			UNDER 24 HRS
	Female	White	MONTH 3	DAY WELD	87	YRS		OURS MIN.
	COUNTRY	76 CITIZEN OF WHAT COUNT	RY? 8	- C MENCE WARRIED C	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	MARYLAND	USA.	WIDOWE		Anne		ndel	MD.
A	NO POLIS	11. NAME OF HOSPITAL, NUI		Fen. HOSD	120 USUAL OCCUPATION OF WORK FOR MOST	OF WORKING LIFE)	DOMES	
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION	Fen. NOSD	1 1100000	110		
13a :	Md 136 COUN		ersville	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE	Driv	51108
14 F/	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	MIDDLE		1467	
	WALTER	SHAKESE		AMELI	A		LEE	ES
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	THE PART OF THE PA	2596	JANIS KE	ERSHNER	SAME	AS	12
				TOTING K	COMMON	JP1///C		E INTERVAL
	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSE)	ly ane cause per fine lar (a), (b) BY: E CAUSE (a)	PP/	sel hor	nor hoa	e	APPROXIMAT BETWEEN ONSE	ET AND DEATH
		DUE TO, OR AS A CONSE	COLIENCE OF		0			
	Canditions, if ony, which	and a day	nhow	Tanonico				
	gave rise to immediate couse (a), stoting the		-	TO JOHN TO				
	underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF	· place.	1 601	ma		
	DART 2 OTHER SIGNIFICANT C	ON IDITION IS CONTRIBUTING	70.054711.0117	D/ 0(9/7C	10011001	1/100		
Z O	PART 2 OTHER SIGNIFICANT C	Continue Contributing	(NOT RELATED TO THE TERM	MINAL DISEASE OR COM	ndition given i	N PART TO	
AT	190 DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, W	ERE FINDINGS	S USED
표					YES T NOT	IN CERTIFYING	G CAUSES OF	DEATH?
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR				
	OR CONTRIBUTING CAUSE OF DEA				TENTES TRIBLE OF THE	DICTION TO THE	011.411.17	
Š	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	1211 LOCATION				
MEDICAL		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC]	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	WHILE NOTWHILE							
	22a.1 certify that (1) (this haspit			<u>\$2</u> , 19	10_ 3-6			(we) last
	saw the deceased alive on above (1) (we work of the not	view the bady after death.	9 85 , or	nd that in (My) aur) apinion	death occurred on the o	Jote and hour and	d Iram the cau	ises stated
	226. SIGNATURE	/		DEGREE			22c. DATE SIG	NED
21	SAMI	10011 M1	5	ATTENDING PHYSICIAN D	MEDICAL STA	CIAN [
	22d PHYSICIAN'S NAME TYPE OF	PRINT)		22e ADDRESS	9	2	mil >	1407
	6mitchell			205 RI	8406 6	200)	ANNA	milis
	BURIAL, CREMATION, REMOVAL	23b. DATE 2	23c NAME OF C	EMETERY OR CREMATORY	123d. LOCATION		1110	11.00
	(SPECIFY) BILCIAL		LOUDON	FARK CEMICT	RALTIN	TORE CI	TU	STATE
24 F	UNERAL DIRECTOR	BAL	10. 1217		TE REC'D. BY REGISTRAI	-		1/10.
m	COULLY FUNDEAL !		55	APSCO AVE MA			won-Hang	
A4 (,	CO LOWNY LIC 1	MANICO CAO!	0. 0.11	114 200 1100	1000	1		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

etained by the haspital or attending physician.

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundable detached for use as the burial-transit permit. Then please remove carbon papers. Pages | and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Hem. 18 shaws any injury, ar other traumatic event, the

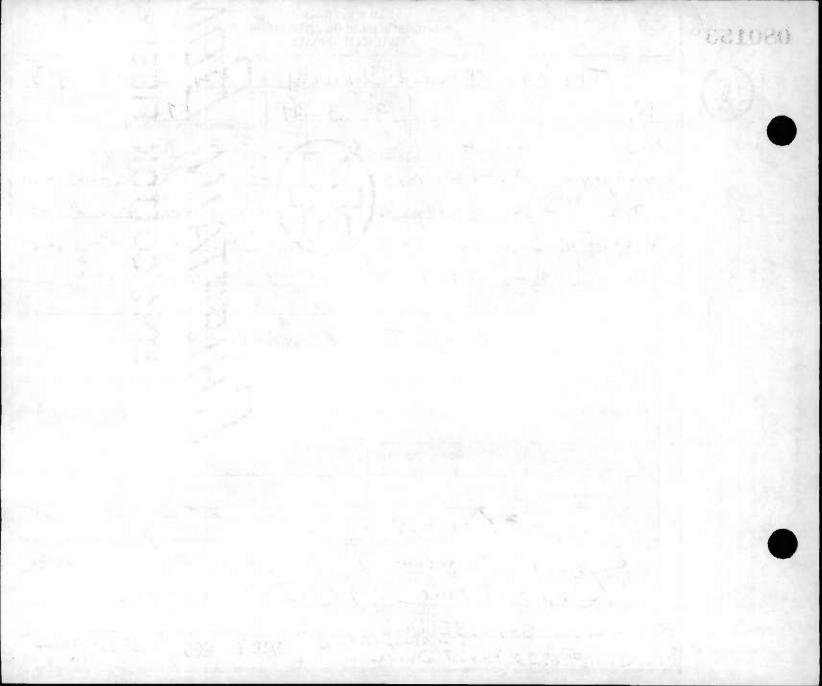
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	100	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	LAST	1	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		lho		DNALD UF	Lowdy	1991	2,87	11 Am
	3. SE>	M	4. RACE	5. DATE OF E	DAY YEAR	6. AGE (IN YEARS LAST BI	MONTHS DA	
,	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT O	OUNTRY? 8	2 21	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
ł	9	SOUNTRY)	14,6 14	MARRIED	NEVER MARRIED DIVORCED	AB	mol	MD.
	10 CI	TY OR TOWN OF DEATH		AL, NURSING HOME OR (12a USUAL OCCUPAT		D OF BUSINESS OR
	A	NNApolis	1A, A, 6	TENETAL		Pattic Wo	YKS NA	VAL ACAMY
	130 S	AL RESIDENCE (IF NURSING HOM STATE 13b. CC	DUNTY 13c. CIT	Y OR TOWN 13	d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
-	14 FA	THER'S NAME	H, H. 1AM	77.5	(ES NO NO MOTHER'S MAIDEN NA	15/ 50-S/a	VN AVE	21403
	1	Wilhiam	DANSLAN	Crowdy	MARY	FLLE	N Pt	a The T
	160 W	VAS DECEASED EVER IN U.S.			INFORMANT	ADDR	ESONIVAPOL	-05
1		das M	WIF BIR		hrs Margare	1 HLHON 13	12AS/LYNH	OVIMATE INTERVAL
		PART I. DEATH WAS CA		(o), (b), and (f)	Host.	toiline	BETWE	OXIMATÉ INTERVAL EN ONSET AND DEATH
		IWWEI	DIATE CAUSE (0)	ONSEQUENCES!	The state of	man of	11	
ı		Canditions, if any, which	Hall	mollin	Broke	myons	Ple	
Ì		gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF		0	189	
		underlying cause last	(c)					
	z	PART 2. OTHER SIGNIFICAL	nt conditions <u>contrib</u> i	JTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	Ita
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	or which operation v	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
	TIFIC					YES NO	YES	SES OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		RY 2 ONTH DAY YEAR	1¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART	2)
ı	EDICAL	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.M.	19				
i	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	IF LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
		22a.1 certify that (I) (this b	attended the decen	used from	10 76	7 . 21	10 1085	that (1) (we lost
		saw the deceased alive	on 20197	19 555 and t	that in (my) (aur) opinion	death occurred on the d	ote and hour and fram t	
		22b. SIGNATURE	not) view the body often de		GREE		22s. D.A	TENGNED
		Clan	V	oud ?	ATTENDING PHYSICIAN	MEDICAL STA		1788
		22d. PHYSICIAN	THE CHARACTES A	2	Ze. ADDRESS	aT n	, ,	
		100	11000	uel	72 WISI.		Apolis	
		BURIAL, CREMATION, REMO	VAL 736. DATE	C 1/4 /	ETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 FU	UTIAL DIRECTOR	13-6-170	ANNADONS	Camelan 25 BAT	TE DECEMBY REGISTRAN	25 PREGISTRAR'S SIGN	AT MEnda 02
	(1)	E. Licksuf	922 Fores	TOORDrive	M	AK ! 1985	Grand Dan Agen	Amble Canting
	-	- 1 - 1 - 1 - 1					A.7.	

DHMH - 16 60M 7/84 (VRA 15, 4)



requires that the death certificate

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STATE OF MARYLAND

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FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	GIENE REG. NO	0 0	0 4	EST
1. DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	2h HOUR
JO	HN RICHARD	CURI	RAN Sr.	MARCH	20,	1985	1137 MA
3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS
Male	White	MQNT	15 45	39	YRS	HS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN Mary land	76. CITIZEN OF WHAT COUNTRY! U.S.A.	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O ANNE	R COUNTY OF ARUNDEL		TIY MD.
GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUND	EL HOS	OR OTHER INSTITUTION SPITAL	12a USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF COOK	WORKING LIFE)	26. KIND OI NDUSTRY Restai	r BUSINESS OR urant
USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC		VN	13d INSIDE CITY LIMITS? YES NO 🛣	212 1B Cra	ZIP CODE in Ct A	pt S,	21061
14. FATHER'S NAME FIRST John	E. Pe	arce	IS MOTHER'S MAIDEN NA Gertru			LAST	artin
160 WAS DECEASED EVER IN U.S.	CALL WAR ON DATE:		17 INFORMANT	ADDRE	SS		
No.	214-46-	0202	Lois L. Cu	rran Same	as 13e		
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	-					
	chst lund dus	DEATH BUT		MINAL DISEASE OR COND	1	N PART IIO	
O Chychic 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UNFEITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER MATURE OF INJUR	Y IN ITEM 18 PART I	ORPART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
saw the deceased ofive	spital) attended the deceased fram an		nd that in (my) (our) opinion	deoth occurred on the da	te and hour one		hat (I) (we) last causes stated
22b. SIGNATURE	A	_ /	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		37:2	SIGNED 1/85
22d. PHYSICIAN'S NAME (TY BASANT K				7422 BALTIMO	RE-ANNA AND 210		BOULEVA

23c NAME OF CEMETERY OR CREMATORY

Westview Mem. Park

should be detached for use as the burial-transit permit. Then please remove corbon popers with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OK ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. IMPORTANT: If Item 21 is marked at Item 18 shaws BP.

injury, or other troumatic event, th

DHMH - 16 60M 7/84 (VRA 15, 4)

4 George J. Gonce 4001 Ritchie Hgwy Balto Md

23b. DATE 3/23/85

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

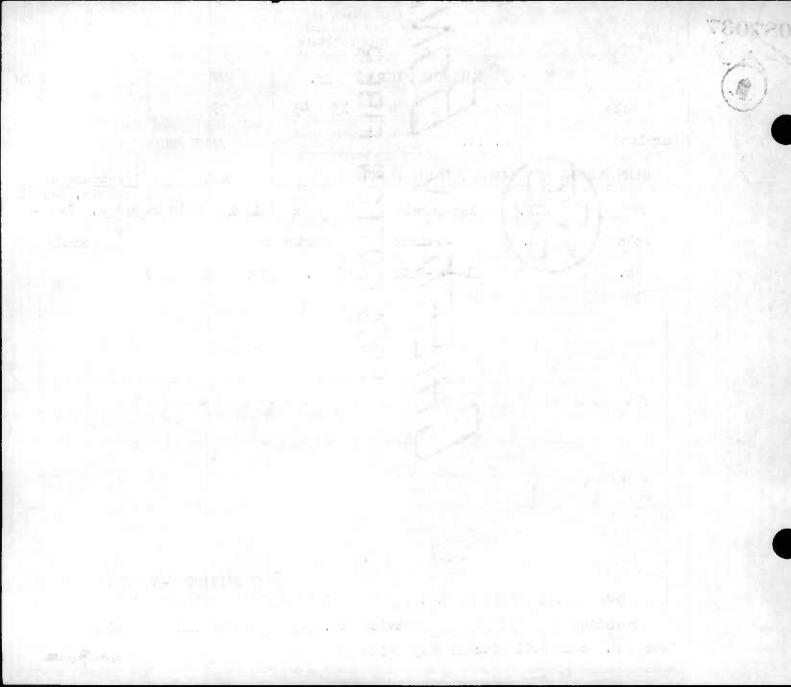
BURNIE, MARYLAND 21061

DRY 23d LOCATION
Ck Catonsville Catonsville

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STATE

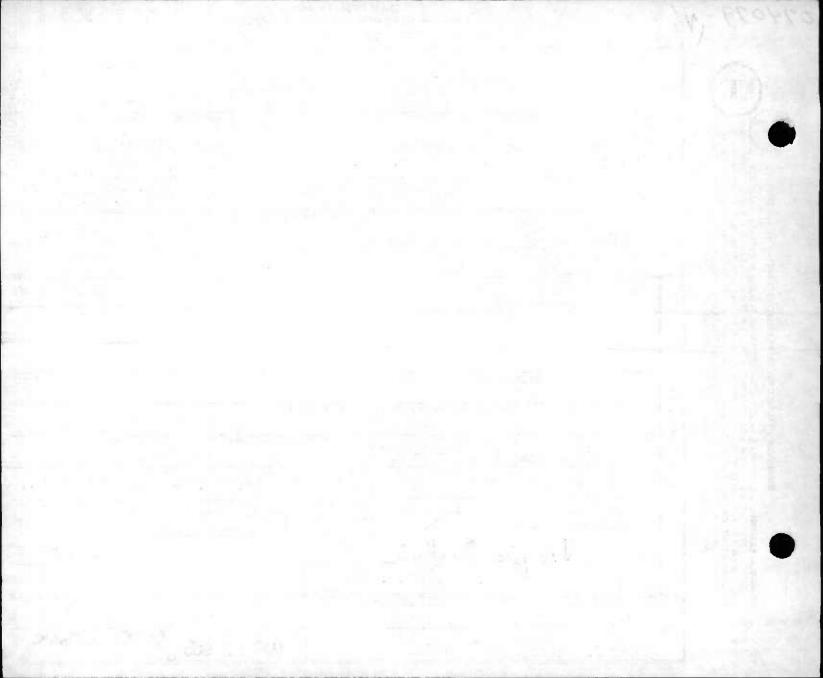
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
MAR 2 2 1985 Julia Davidson Andere 1985



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE OF ESTI-(TYPE OR PRINT) DASCH CHARLES 4. RACE DATE 2d. HOUR PRONOUNCED 3-11-85 7AM June 14,1948 Male 36 YRS White DEAD To. BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland USA WIDOWED [DIVORCED Anne Arundel 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 540 TEMPACR'S OF THE INSTITUTION ID. CITY OR TOWN OF DEATH OR INDUSTRY Glen Burnie Shipfitter U.S.Coast USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Apt. C-2 54 Glen Ridge Rd. Guard 3a. STATE GTen Burnie Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Dawson Eleanor Dasch Mary Howard Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) Eileen G. Dasch, Same as 13 Vietnam 214-52-8538 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL JHEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate CREMATION, OR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BARTRAND, 21201 PRIPATO BURIAL, 20 AUTOPSY? YES K 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot 21e PLACE OF INJURY 21f LOCATION 54 Gten Ridge Rd. Apt. C-4 Anne Arundel Cos Md WHILE AT WORK AT WORK Autopsy X 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted from: Undetermined manner DATE 3-11-85 M. Assistant 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mar.14,85 Crestlawn Cemetery Marriotsville Burial Howard 07/84 She registrate signator Handall 24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5))

James S. Kirkley, Glen Burnie, MD



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
CTATE	DEL ARTIMENT OF HEALTH AND MEN

D NTAL HYGIENE

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	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	EST
	1 DECEASED NAME FIRST	MIDDLE	TA CION	IST /	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	MIC	HAEL J	DASO'	ATCH DE	MARCH	7, 1985 725
	3. SEX	4 RACE	5. DATE O		6. AGE JIN YEARS LAST BIRT	MONTHS DATE HOURS MIN.
,	male	white	9-2	22-1939	45	YRS.
'n	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	W NEVER MARRIED	9 BALTIMORE CITY OF	
ij	Annapolis, Md	U.S.A.	WIDOWE		ANINE	ARUNDEL COUNTY
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126 KIND OF BUSINESS OR
	GLEN BURNIE	NORTH ARE	INTEREST APPRESSIONS	PITAL	Painter	Const.
	USUAL RESIDENCE I IF NURSING HOME 130 STATE M.Q. 13b CO.			134 INSIDE CITY LIMIT	S? 13e STREET ADDRESS /	ZIP CODE OILL
1	Md. A.	A. Co. 30der	nton	YES NO 🖔	11077 0 4	son Ave
1	14. FATHER'S NAME FIRST	MIDDLE LA	·S1	15 MOTHER'S MAIDER	N NAME	IAST
P	Joseph	Da	asovich	America		Futsler
ì	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRES	55
			38-5535	Helen V.	Dasovich sa	ame as 13e.
	18 CAUSE OF DEATH (Enter	only one cause per Int for (a),		610)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	ATE CAUSE (a) YUM	mary	Convol	Um	6 hours
		DUE TO, OR AS A CON	SEQUENCE OF	P.1	116	1. 10
	Conditions, if ony, which	(16) Aden	Carcina	ma 0/16	LUNG	6 work
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF	. 0		
	underlying couse lost.	(lc)				
		CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR COND	DITION GIVEN IN PART 110
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					
	S 190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
j	# L				YES NO	YES NO
	00 000 170 101 10 10 10 10 10 10		H DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
	S (IF EITHER NOTIFY MEDICAL EXAMIN		19			
	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
	WHILE NOT WHILE AT WORK			1		
		piral) ottended the deceased	•	19_	KY 10 3/0)	, 19, that (l) (ne) last
		on	_19, one	d that in (my) (our) opi	inion death accurred on the do	te and hour and from the causes stated
	27h. SIGNATIONS	2011	61	DEGREE		221 DATE SIGNED
	Ellett	may	pel)	ATTENDIN PHYSICIA		IAN DIO 1/03
	22d. PHYSICIAN'S NAME ITTE	OR PRINT)		22e ADDRESS	7845 OAKWOOD	ROAD, SUPIE 203
	ELLIOTI (GORBATY, M.D.		GLEN	BURNIE, MARYL	AND 21051
Ī	230 BURIAL, CREMATION, REMOVA		23c. NAME OF CE	METERY OR CREMATO	ORY 23d. LOCATION	COUNTY STATE
	Burial	3/11/85	Hillcr	est Cemet	tery Annanol	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Hardesty Funeral Home

24 FUNERAL DIRECTOR

12ADDRESS Ridgely Ave.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

MAR 1 1 1985 Juni Deviden Broken.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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L	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	6625
	CEASED NAME FIRST E OR PRINT) Leta	Trusket	H Davis	20. DATE OF DEATH A	31/85 10
3. SE.		1 RACE CONCASION	S. DATE OF BIRTH MONTH DAY 10 24 1900	6 AGE (IN YEARS LAST BIRTH	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH
Se	verna Park	Menidian MAS	s Center	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
13a. S	STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTO 134 CITY OR TOWN	N 134. INSIDE CITY LIMITS? YES NO NO	130 STREET ADDRESS /	ZIP COPE 21012 Casback Cou
1 +	Harve Ale	Xander Trusk	ett Ida	MIDDLE	GephiFord
16a V		RMED FORCES? IVE WAR OR DATES!	17. INFORMANT	J. Moss-	Sameds #13
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		uc illus	MINAL DISEASE OR COND	ITION GIVEN IN PART I 10 · 20b. IF YES, WERE FINDINGS USEI IN CERTIFY ING CAUSES OF DEAT
) E				YES NO	YES NO [
-18	21a ACCIDENT WAS LINDERLYING T	7 21h TIME OF INITIRY	21c HOW INJURY OCCU		
MEDICAL CERT	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AUGUST ALMORE ALMORE	HOUR A.M. MONTH DA	19 211 LOCATION	CITY OF TOW	IN ITEM 18, PART I OR PART 2)
EDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (1) (this hosp sow the decreased a)	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.) 21tal) Ottended the deceased from	AY YEAR 19 21f LOCATION STREET , and that in (my) (dur) apinion DEGREE	CITY OR TOWN	COUNTY 19 , that (I) (I) (I) the and hour and from the causes shape in the cause shape in the
EDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (1) (11)'s hosp sow the discussed always on the discussed always (1) sive) (did (did a	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FACTORY), OFFICE, FACTORY, OFFI	AY YEAR 19 21f LOCATION STREET , and that in (my) (dur) apinion	CITY OR TOW	COUNTY COUNTY 19 , that (1) (1) the and hour and from the causes shall be a signed to the cause shall be a signed

certificate be executed within 24 haurs after death. death o TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital ar attending physician.

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physicion

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

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1017	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 6 2 6 EST
	ECEASED NAME FIRST LORI	RAINE FRANCES	DENNY	MARC H	14, 1985 718 MF
3. St	semare	a RACE white	5. DATE OF BIRTH MONTH Sept 26,1921	6. AGE (IN YEARS LAST BIRTHDAY) 6.3 YR	IF UNDER 1 YEAR IF UNDER 23 HRS MONTHS DAYS HOURS MIN.
AL	Nebraska ITY OR TOWN OF DEATH		MARRIED NEVER MARRIED NIVORCED X	120 USUAL OCCUPATION	INDEL COUNTY MD.
Just	GLEN BURNIE	(IF NOT NORTH IT YARDIND		legal secreta	
130	California Los A	TY 13, CITY OF TOW	N 13d INSIDE CITY LIMITS?	8025 Golden	Ave. 90280
2			Mary	MIDDLE	mmerly
		WAR OR DATES) 508 07		obczyk 8001 F.	Barry Ct, Ft. Mea
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ond chron	se rend	Posly
NOIL		onditions <u>contributing to i</u>			GIVEN IN PART I to
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) (this haspit saw the deceased alive on_ _above, (I) (we) (did) (did nat	1/14/ 192	, and that in (my) (our) opinion	death occurred on the date and	haur and fram the causes stated
1	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF) So	DEGREE ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	ne DATE SIGNED
/	RHC EP EROL	, M.D.	GLEN B	325 HOSPITAL DR JRNIE, MARYLANI	
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATORY Westview Mem. Par	23d LOCATION CITY OF TOWN Dorsey, Md	COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

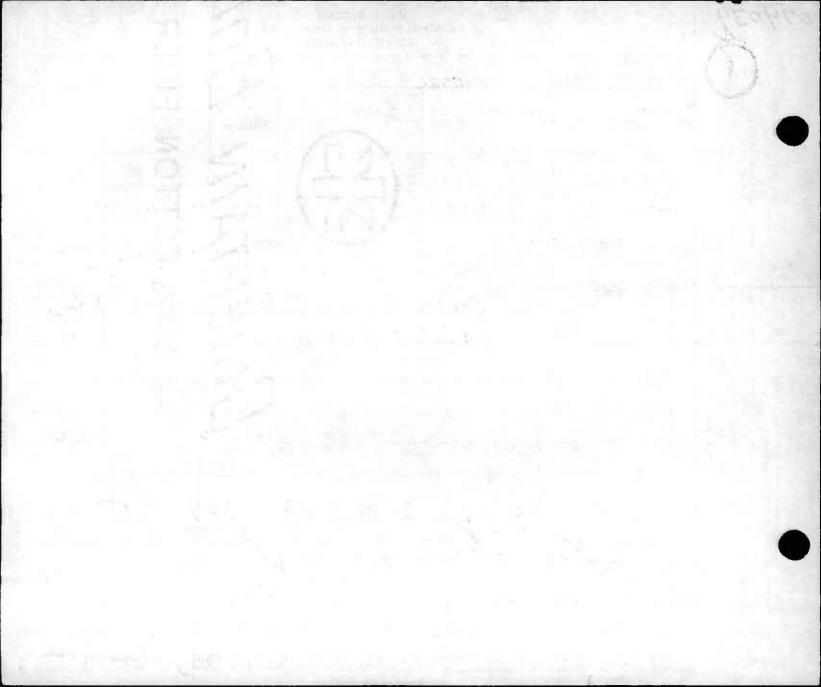
Donaldson Funeral Home, Laurel, Md

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STATE OF MARYLAND	-
DEPARTMENT OF HEALTH AND MENTAL HYGI	EŇ

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	1 -	FOR STATE REGISTRAR			DLIARII		EALTH AND MENTAL HYG ICATE OF DEATH	REG.	NO.	200	ES
1 5		CEASED NAME	FIRST		MIDDLE	· · ·	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
be eath	1111		ILLIA	M	ISS2	C	DIXON	MARCH 7	. 1985.		2.30
ou a	3 SE)			4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST I		INDER I YEAR	IF UNDER 24 HR
ge 4	6.1	Male		Caucas	ian	MONTH 3-	4-1908	77	YRS	DAYS	HOURS MIN
hour hour	Ta. BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
Se		laryland		U.S.	Α.	WIDOWE		ANNE AR	UNDEL CO	UNTY	٨
The fee	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND C	F BUSINESS C
		GLEN BURNI			NORTH ARI	JNDEL	HOSPITAL	Baker	OF WORKING CITE!		kery
24 hour		L RESIDENCE (IF NUR TATE ryland	13b COUN	OTHER INSTITUTION ITY	130 CITY OR TOW		138 INSIDE CITY LIMITS?	13e.STREET ADDRESS	zip code	e. 212	201
mpletely and 2 sh		THER'S NAME FIRST	eph Di	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST Unkr	ME MIDDLE	13-22	LAS	
wecuted and dico.	160 V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	718	Inton Av		
Pog e	(Y	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212-09-9	9683	Lee Roy Garr	ett Glen	Burnie,	Md. 2	21061
0 6 5 5				DUE TO, O	R AS A GONSEQUI	ENICE OF	11. + 01		Page 1	1	Lass
es that the death co ned by the attendin please remave corb zrial, cremation, or , or other troumatic		Conditions, if any gove rise to im- couse (a), statu- underlying cause	mediote ng the e lost	DUE TO, O	R AS A CONSEQUI	ence of			NOTION GIVEN	S IN PART 1	yrs
quires that signed by Then please to bural, cr njury, or oth	NOI	gove rise to im- couse (a), statu underlying cause	mediote ng the e lost	DUE TO, O	R AS A CONSEQUI	ence of	Heart Dis		ndition Given	IN PART 1	yrs
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itf at the Aspiral or ottending physician. Brat DIRECTOR, After this certificate has been signed by selected for use as the buriof-tronsit permit. Then please detached for use as the buriof-tronsit permit. Then please State Dept. of Health and Mental Hygiene prior to buriof. CANT. If them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 18 share any injury, or other them 21 is marked or them 21 is marked	1	gove rise to imcouse (01), stoling underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 22a. I certify that (1); sow the decease obove, (1) (we) (22b. SIGNATURE)	ME (TYPE C	DUE TO, O (c) 19b COND 19b CON	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE F	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC 1	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 20 ATTENDING PHYSICIAN 22e ADDRESS 7845	200 AUTOPSY? YES NO DED (ENTER NATURE OF IN CITY OR DEDICAL ST DIRECTOR PHYS	20b. IF YES, WIN CERTIFYIN YES [JURY IN TEM 18 PART TOWN AFF ICIAN OAD, #10	COUNTY COUNTY 22c. DATE	NGS USED SOF DEATH? NO The state of the stat
Ox ATENDING PHYSICIAN: The low requires that be hospital or ottending physician. DIRECTOR: After this certificate has been signed by socked for use as the buriol-transit permit. Then please Dept. of Health and Mental Hygiene prior to buriol. If them 21 is marked or them 18 states are injury, or other than 21 is marked or them 18 states are injury, or other than 21 is marked or them.	WEDICAM	gove rise to imcouse (01), stoling underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 22a. I certify that (1); sow the decease obove, (1) (we) (22b. SIGNATURE)	MED ON THE CANT CONTROL OF THE CANT CONTROL OF THE CANT CONTROL OF THE CANT CONTROL OF THE CANTE CONTROL OF THE CA	DUE TO, O (c) 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A. 1 1 21c PLACE (AT HOME STI 10l) otterned the body R PRINT. SU, M. D	R AS A CONSEQUI	DEATH BUT B OPERATIO AY YEAR 19 FARM, ETC 1	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 20 ATTENDING PHYSICIAN 22e ADDRESS 7845	200 AUTOPSY? YES NO DED (ENTER NATURE OF IN CITY OR DEDICAL ST DIRECTOR PHYS	20b. IF YES, WIN CERTIFYIN YES [JURY IN ITEM 18 PART TOWN AFF ICIAN OAD, #10 ARYLAND	COUNTY COUNTY 22c. DATE	NGS USED SOF DEATH? NO The state of the stat



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injury, or ather troumatic event,

MPORTANT: If Hem 21 is marked or Hem 18 showsany

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

TO HOSPITAL

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

	CEASED NAME E OR PRINT)	FIRST	ber	WIDDLE	D	ob sa		20. DATE OF DEA	A.A	29 85	HOUR SA
3. SE	MALE	. 15		SHITE	5. DATE C		YEAR 60	6. AGE (IN YEARS L	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	UNITED	STATES	MARRIE WIDOWE	D NEVER MAI	RRIED -	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	• MD.
A	NNAPOLIS	1	ANNE A		IG HOME (ADDRESS) ENER	AL HOSPI	TAL	120. USUAL OCCU	AOST OF WORKING LI	INDUSTRY N	BUSINESS OR MNC) AL VISER
M	AL RESIDENCE (IF NUR.	136 COUN		ARNGLD			o [V]		ESS / ZIP COD	210	1/2
/	THER'S NAME FIRST VAS DECEASED EVER		AFD FORCES?	DOBSA 166 SOCIAL SECU	PITY NO	IS MOTHER'S M		MID	DDRESS	FEHERY	ARI
	YES, NO OR UNKNOWN)		WAR OR DATES)	055-50-1	233 BI	JOSEPHIN	IE DOE	/		13)	
	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED		Cardia		man a	ten			BETWEEN ON	AYE INTERVAL ISET AND DEATH
	Conditions, if ony gove rise to im couse (a), stati	mediate	(d)_		e w	eatened	Conc	lition		Mon	ths
	couse (a), stating the underlying couse lost. Due to, or as a consequence of Parkinson's Policine Years								3		
CERTIFICATION	19a DATE OF OPERA	Grade	- Trabalan	decubity		N WAS PERFORM	ED	200 AUTOPSYS	IN CERTI	S, WERE FINDING FYING CAUSES C	GS USED DF DEATH? NO
	21g. ACCIDENT WAS UN OR CONTRIBUTING [] [IF EITHER NOTIFY MED	CAUSE OF DEAT			AY YEAR	21c. HOW INJU	RY OCCURRE	ED (ENTER NATURE C	IF INJURY IN ITEM 18	PART OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE []		OF INJURY REET FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
	220.1 certify that (I) sow the decease obove, (I) (world)	ed alive an	3-16	19_		nd that in (my)	19 <u>85</u> opinion d	to 3 -	the date and had	ur and from the co	
	226. SIGNATURE	NE	bell	944		PHY	ENDING SICIAN	MEDICAL DIRECTOR PI	STAFF HYSICIAN [220. DAJES	2/13
	ROBERCE	- 1	OF HO	EL		21e ADDRESS	Penin,			Amold,	MDZIAS
	BURIAL, CREMATION		MARCH	30,1985 WE		EMETERY OR CRE		23d LOCATION CITY OF TO:		ALTIMORE	STATE MD.
24 F	UNERAL DIRECTOR PARKANCO FO	WERM	Home	SEVET	RITCH ENA 1	PARK, MO	APR 1	REC'D. BY REGIS	TRAR 256. REGIS	TRAR'S SIGNATU	

DHMH - 16 60M 7/84

(VRA 15, 4)

Poge 4

executed within 24 hours after

death

attending physicion and completely filled in by the

by the that the

signed !

should be detached for use as the burial-transit permit. Then pleasewith the State Dept. of Health and Mental Hygiene prior to burial,

TO FUNERAL DIRECTOR: After this certificate has been

attending physician

PHYSICIAN:

OR ATTENDING

TO HOSPITAL

etained by the haspital

BP

corban papers. Pages

injury, or ather troumatic event, the

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18

MPORTANT: If Hem 21 is morked or Hem,

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STATE OF MARYLAND

1	STATE REGISTRAR	DE	CERTIFICATE OF I		REG. NO.		
(TYP	CEASED NAME FIRST	MIDDLE	Donalds	on	TE OF DEATH MONTH	24, 1985	810A M
3. SE	emale	White	5. DATE OF BIRTH	1901 S	(IN YEARS LAST BIRTHDAY) RS.	MONTHS DAYS	HOURS MIN.
1	IRTHPLACE (STATE OR FOREIGN DUNTRY) A PU A A ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COU	MARRIED LI NEVER	MARRIED	Inne Aru	ndel	MD. F BUSINESS OR
C	TOWNSYILE AL RESIDENCE (IF NURSING HOME OF	390 HOLL	VE STREET ADDRESS)	LITALE OF	F WORK FOR MOST OF WORKING I	IFE) INDUSTRY	
1	ATHER'S NAME	0 1	nsville YES []	NO 3 13e.STR	REET ADDRESS / ZIP COD	rail =	21032
16a Y	William WAS DECEASED EVER IN U.S. AR	Sterl	AST LING FIZ AL SECURITY NO. 17. INFORMA	ant	ESTELLE ADDRESS Say	But	ler
	(IF YES, GIV	E WAR OR DATES) 212-1	04-0489 The	lma Abi	el-	#13	MATE INTERVAI
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	anition.			BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A COM	mic illa	ero, NF	PH		
NOIL			NG TO DEATH BUT NOT RELATED				
TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFO	DRMED 200 YES	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	

21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) G 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME STREET FACTORY OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK

220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive obove (II) (we) (did), did not) liew the body ofter death.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL

PHYSICIAN TORECTOR PHYSICIAN

22L DATE SIGNED

22e. ADDRES

230 BURIAL,

ATTENDING

24 FUNERAL DIRECTOR

Th SIGNATUR

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE L. la Saindson- Randall

STAFF

DHMH - 16 50M 4/83 (VRA 15, 4)

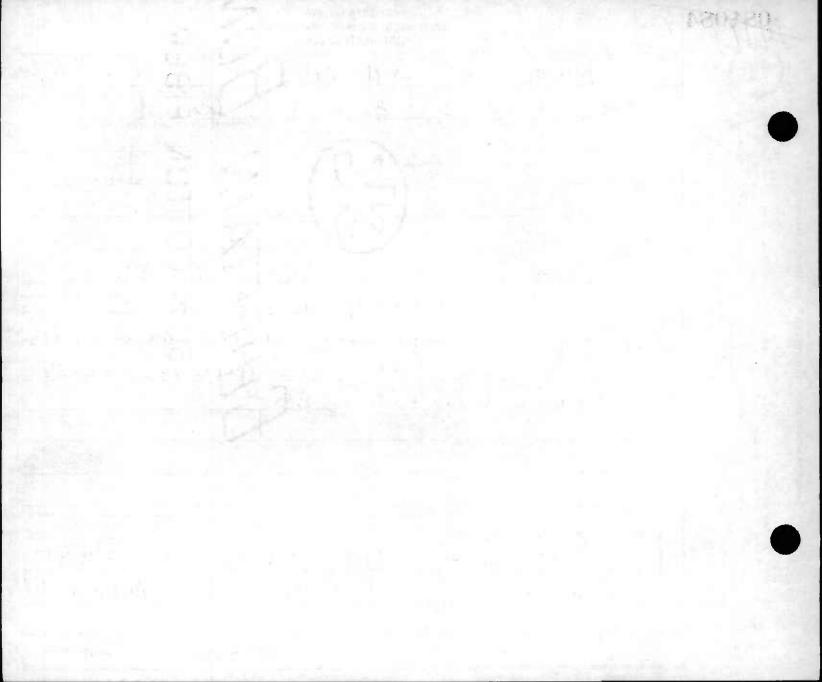
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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

5	0	6	Ó	3	0

4			REGISTRAR		CERTII	ICATE OF DEATH	REG. N	Ю.		
· R	1		CEASED NAME FIRST	MIDDLE	000	IAST	20. DATE OF DEATH	MONTH DAY		26 HOUR 20
S M	gi.	3. SE	DANI	14 RACE		NOVATU	1.405		82	10PM
ge 4	to sa	J. SE	MALE	WHIT	S. DATE O	15 18	6. AGE (IN YEARS LAST BIR	YRS.	DAYS	HOURS MIN.
Po Po	2 hau		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	BALTIMORE CITY	_	ATH	
deot	to of	SOUTH DAKOTA U			J.S.A. WIDOWED DIVORCED			NDEL		MD.
s after by the f	iled with		NNAPOLIS	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, ANNE ARUNDE)	GIVE STREET ADDRESS)	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ENGINEER	OF WORKING LIFE) IND	USTRY	BUSINESS OR
filled in	Sould be	13a. :	AL RESIDENCE LIE NURSING HOME OF	OTHER INSTITUTION GIVE RESID	ENCERECORE ADMISSIONI	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 1461 GILBE	/ ZIP CODE	101	62
ed within	and 2 st		THER'S NAME	AIDDLE	ONOVAN	MARY FIRST	JULÎA		SLATT	rery
n ond co	. Poges 1	16a \	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV YES WW I	E WAR OR DATES!	-10-8231	JOYCE DONOV	AN 1461 GILE	SERT RD 1D 21012		-1116
rificote k physicio	npapers moval. vent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (D BY: TE CAUSE (a)	o), (b), and (c).	esperator	arrest		APPROXIM BETWEEN ON	ATE INTERVAL
h cerri	arba ar re		IMMEDIA	DUE TO, OR AS A C	24 117000	Co locas o u	7 00000			
deot	ove our		Conditions, if ony, which	(b)	Septic	emid an	d granulo	centopenia		1 days
t the	remo	23	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A C	ONSEQUENCE OF		1 0 1	V	2	
s tho	or at			((c)	Inai	Gnant	Lymphon	nal	2 m	2. Mrg
require en sign	Then por ta bu	NOI	PART 2. OTHER SIGNIFICANT O	1	al Faul	WILE TO THE TER	RMINAL DISEAS OR CON	idition given in F	PART Ito	
he low an. has be	t permit iene prid aws ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERLORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	FINDING CAUSES C	GS USED OF DEATH?
AN: T ohysical	Transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MO	Y ONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
YSICI ing p	Aento Aento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19	ALL LOCATION				
offer this	os the b	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO		21f LOCATION STREET	CITY OR TO	IWN CO	YINU	STATE
ol or	Health is mo		22a.1 certify that (1) (this haspi			, 19	, to			not (I) (we) lost
ATTE ospit	d for f. of m 21	100	saw the deceased alive on above, (I) (we) (did) (did no	t) view the body ofter dec	oth.		on deoth occurred on the de			
ral OR y the h	Stote Dep ANT: If Ite		22b. SIGNATURE) Colein	7 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF :	3/18	GNED T
HOSPI tained b	should be dewith the Stote		224. PHYSICIAN'S NAME (TYPE O	COLEIA		5' FRA	HUKLIN S	T ANX	JAPO	ous hd
J.	- 3 ≤	23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT	7.4	STATE
BP			BURTAL.	3/27/85	ST. MAR	TIN'S CEM.	EMORY		S.	DAKOTA
	5 60M 7/B4 15, 4)		ineral director ARDESTY FUNERAL	HOME AN	NAPOLIS. M	25a. D.	ATE REC'D. BY REGISTRAR MAR 2 0 1985	25h REGISTRAR'S S	SIGNATUI	ndell



148	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	EST
1		CEASED NAME FIRST	MIDDLE	LASŤ	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
115		ANNA	R eb eca	DOWNING	MARCH 16.	1985 521 A
1	3.56		4. RACE	5. DATE OF BIRTH	4. FIGE (1. FIGURE 1. FIGU	FUNDER I YEAR IF UNDER 24 HRS
2.3		Female	White	February 2, 1913	72 YRS.	DATS HOURS MIN.
92586	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	OF DEATH
100	1	Vinginia	United States	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY ME
11 20	10, C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
27		GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	Waitness	Restaurant
5 1 1		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	
重要すり	254	1 100 000	Arundel Pasaden		8448 Manuland Re	1./ 21122
In Ah	7.7	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	
18/12/6	1	Edward	F. Zollars	Alice		oupe
9 = 5 /		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	Pasadena,
Pop P	1	NO OR UNKNOWN) (IF YES, GI	216-01-9	839 George Down	no/ 8448 Marylane	1 Rd. 21122
Be of the		8 CAUSE OF DEATH (Enter or	nly ane cause per fine far (a), (b), and	dicti		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
100 mg			TE CAUSE (a) Rup	I wed Aortic	Aneuvism	
de d	18		DUE TO OR AS A CONSEQUE	NCE OF		
Hen Hen Hum		Canditians, if any, which	(1b) AM	ero sLevos.s		
and the state of t		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
by on the conflict of the conf		underlying cause last	(c)			
phed sple		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART Ito
a Tan	Š	DIABOTO	s Mellitus.	preumonia. h	ypertention	
11167	13	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
10 10 10	CERTIFICATION	No.			YES NO YES	
1 8 st		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)
1095	3	OR CONTRIBUTING CAUSE OF DE	Ain	19		
128 8	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
1462	Σ	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	AKM, EIC J		31816

22a. I certify that (I) (this haspital) attended the deceased from 726 SIGNATURE

GLENN F 23a. BURIAL, CREMATION, REMOVAL

O FUNERAL DIRECTOR, A hould be detached for use with the State Dept. of Heal

APORTANT, # hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

THRE OF PERK! ROBBINS

23b. DATE

DEGREE

ATTENDING 22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated

22c. DATE SIGNED

1404 CRAIN HIGHWAY, SUITE 300

GLEN BURNTE MARYLAND
OR CREMATORY 23d LOCATION

23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

STATE

Burial M FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Nountain & Tick Neck Rd. Pasadena, Md. 21122 Mountain & Mc ("ully Funeral Home!

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	T - STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	REG. N	10.	0 0	Giag
T	DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
ı	Sophia Sophia	DR	ako	Pulos		3 10	85	0300M
3	SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMOLE	CAUCASIAN	9	14 18	66	YRS	DATS	MOURS MIN.
7	GREECE	U.S.A.	MARRIE WIDOWE	DXX NEVER MARRIED DIVORCED	ANNE AR	_	COUNT	Y MD.
	OCITY OR TOWN OF DEATH ANNAPOLIS	11. NAME OF HOSPITAL, NURSIN 2084 GENERALS			THOMEMAK		12b. KIND OF INDUSTRY	BUSINESS OR
l	JSUAL RESIDENCE (IF NURSING HOME OF 30. STATE MARYLAND ANNE MARYLAND ANNE	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	2084 ACCEN	éracs	HIGHW	AY 2140
	ANTONIOS	MIDDLE ZAPTÍ ST		HELENT	WE	ROK	OS LAST	
	MAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 104 WAR OR DATES) 217-40		ANTONIA RI	CHARDS RD		ILLIKE	NS BEND VA 2207
		DUE TO, OR AS A CONSEQUI		NOT RELATED TO THE TERM	NINAL DISEASE OR COM	NDITION GIV	EN IN PART 110	
1	198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
		AIR	AY YEAR	21¢ HOW INJURY OCCURI				NO []
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE THE LEARNING THE CONTRIBUTION OF THE CONTRI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	FARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	saw the deceased alive a above, (l) (we) (did) (did n	oitol) ottended the deceosed from	, 01	, 19	death occurred on the		and from the c	
	226. SIGNATURE	Ita-		PHYSICIAN	MEDICAL STA		3 DATE:	I · / 8 F
	Dr. Harvey	%Idstein		205 RIDGLE	EY AVE. A	NNAPO	LIS MD	
2	30. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL MARCH			EMETERY OF CREMATORY METRIOS AND	23d. LOCATION CITY OR TOWN NA POLIS A	NNE A	RÜNDEL	MD.

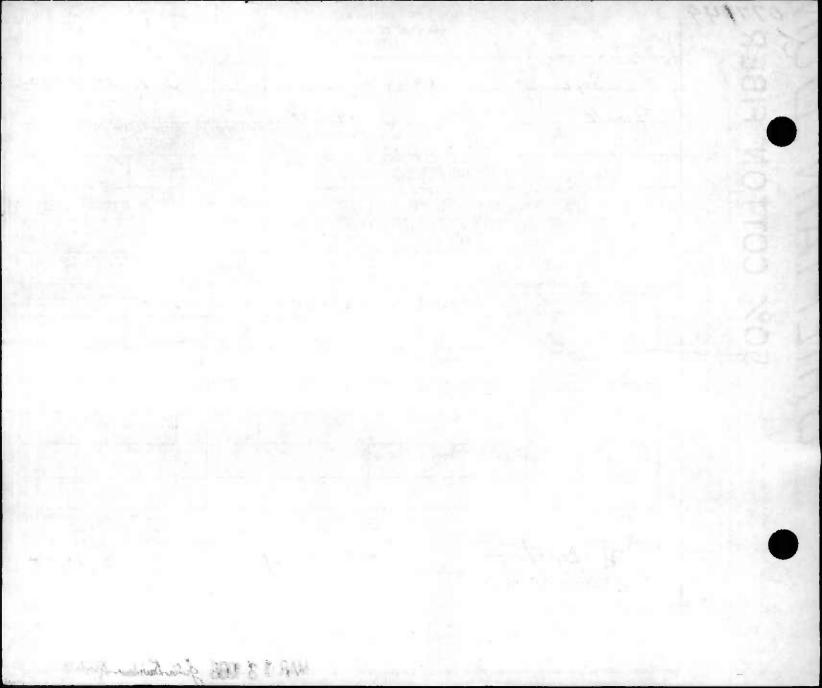
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event,

24 FUNERAL DIRECTOR
NAME
ROBERT E

15a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1212 WEST STREET ANNAPOLIS, MARYLAND EVANS



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furnal ashauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with a shall the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumotic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

retained by the haspital or attending physician.

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1	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		0 6 6 3 3	
	CEASED NAME EIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOU	R
	ichn	W.	Dubicki		3-15-85 80	A M
3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER	24 HRS
	Male	White	7/9/18	66	YRS	7411-41
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARK	9 BALTIMORE CITY C	R COUNTY OF DEATH	-
12	precticut	USA	WIDOWED DIVOR	[[[]]	Arundal	MD.
	NNAPO 113	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' ANNE HOUNG	RSING HOME OR OTHER INSTITUT (REET ADDRIPS) CLUCIALIZE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Clark BR.		SS OR
130. 5	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	NTY U. CITY OR T	NO YES NO	X Mos Mor	DILLET	il e
)	ATHER'S NAME	MIDDLE DUBICK	15 MOTHER'S MA	UNKNOWY	LAST	
	VAS DECEASED EVER IN U.S. AI		49499 Nanci	Dunlas	Same as #13	
	18 CAUSE OF DEATH (Enter o	nly ane couse per line fono), (b	, and ic)	1 1 6	APPROXIMATE INTER BETWEEN ONSET AND	VAL DEATH
	PART I. DEATH WAS CAUS	TE CAUSE (0)	in otem charavas	ucular accident	3 days	
	Conditions, if ony, which gave rise to immediate cause to), stating the underlying cause last.	DUE TO, OR AS A CONSE	opelhatic Chilinax	vaoaulas diouis	W	
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	WILL 20 Maldo	THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORME	200 AUTOPSY? YES \(\text{NO} \)	20b. IF YE'S, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEAT YES NO	TH?
AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	R) P.M. 21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 211 LOCATION STREET	CITY OR TO	WN COUNTY S	STATE
	220.1 certify that (I) (this bose saw the deceased alive a	attended the deceased from	061	apinian death accurred on the d	19 55, that (I) (vate and haur and from the causes sta	,
	27b. SIGNATURE)	of M Mullin	PHYS	NDING MEDICAL STA		5
	Mangare	or PRINT) Mullen	SMD CapeSt	Claire Shoo	1 1 2	
230 l	BURIAL, CREMATON, REMOVA		234. NAME OF CEMETERY OR CREM	MATORY 23d LOCATION	COUNTY	LAS
No.	Dum all	ma-191985	dansat. Le	1 BUICT	76	. 10

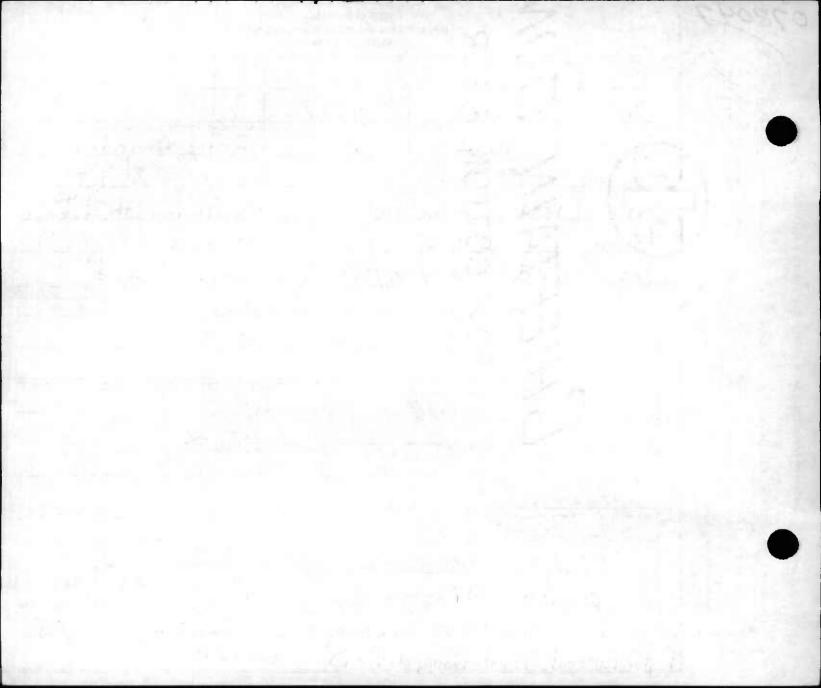
Annapolis, Mi

250 DATE REC'D. BY REGISTER 256. REGISTER STERATURE MAR 18 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME LUN

Funeral Chapel-



requires that the death certificate be executed within 24 hours ofter

100	5,575	>	1.61	
	09	4	0'7	4
L	B)	0'7	
	1	1		1

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

0	6	6	3	4
REG. NO.				

	OR PRINT)											
1	Cha	rles	V	V.	Duc	kwitz			3-	20 -	- 85	3:0 6
3 SE)	X		RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LA	ST BIRTHDAY)		DERIYEAR	IF UNDER 24
	Male		Whi-	te	MONTH	- 4°	10	74	_	RS. MONTH	DAYS	HOURS MI
7a BI	RTHPLACE (STATE OR FO	OREIGN I	b. CITIZEN OF W		Y? 8.	0		9 BALTIMORE CI			EATH	
M	ichigan	35	United	State	S WIDOWE	NEVER /	VORCED	Anne				,
	ITY OR TOWN OF DEA		11. NAME OF HO	DSPITAL, NURS	SING HOME C	OR OTHER INST	TITUTION	12a USUAL OCCU	PATION	12	KINDO	E BLISINESS
-	everna Pa					Pkwy.S	S.P.Md	. Self	empl	Oy.	Tav	ern
13a. S	AL RESIDENCE (IF NURSI	136 COUN	TY			13d. INSIDE C	ITY LIMITS?	13e STREET ADDRI	SS / ZIP (CODE		14.00
Mo		A.A		Severr	na Pk.	YES 🗌	иоХ 🗀		itti	er Pl	cwy.	/2114
14 FA	ATHER'S NAME FIRST	-	AIDDLE	LAST		15 MOTHER'S	S MAIDEN NAM	MIDD			LAS	т
14- 14	VAS DECEASED EVER I	unkn		6b SOCIAL SE	CURITY NO	17 INFORMA	NIT	unknow	DDRESS	- (O (7. 1.17	* 1 1 * .
(1	YES, NO OR UNKNOWN)		WAR OR DATEST									ittie
N	0		-	287-0	2-8402	Evel	yn Tay	lor Duc	KW1 U	z Ser		
	18 CAUSE OF DEATH PART I. DEATH W.	H (Enter only	y one couse per li	ne for (o), (b),	ond ig!	1.00				-	BETWEEN	MATE INTERVAL ONSET AND DE
		IMMEDIATE		Laca	leer A	TICST						Charles !
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BP. DHMH - 16 60M 7/B (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

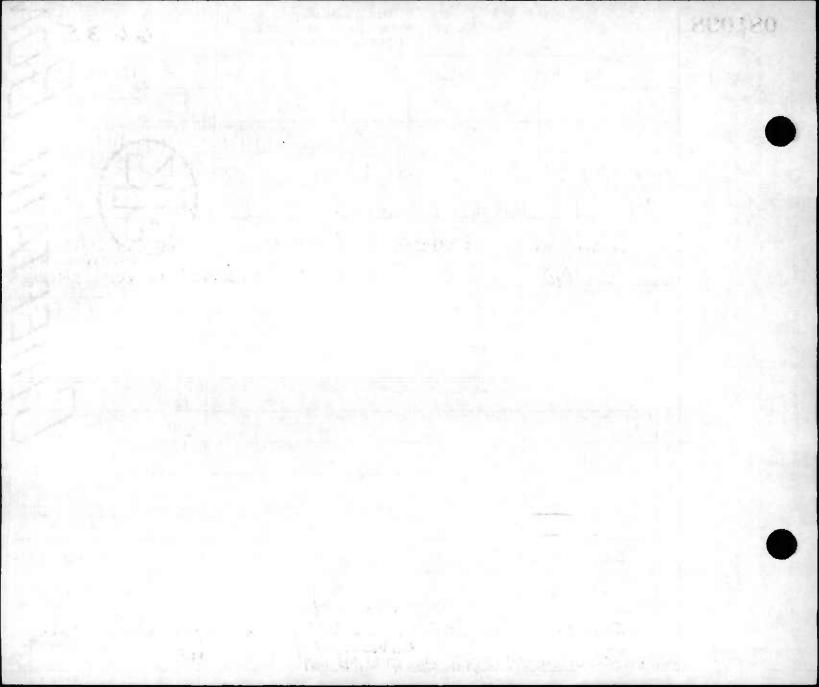
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	100	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
		CHASED NAME WITHOUT	· ·	ades	20 DATE OF DEATH MONTH	18 85 Z = 5 M
	1. SE.	male "	2 UK 3	of BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4		RTHPLACE (1120) 04 A OHLIGH- 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWI	/ \	Anne Fru	nty of DEATH ndel Co. MD.
3	A	nnapoli5	1. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL STREET ADDRESS.	Gen Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY
36	130.5	MD		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	°31.21403
3/		JOHN W	Eedes	15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	WINGS
1			217-14-1968	22 Dovot	hy Endes-A	NADOUS, MOZHO
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		· & Lung	l	BETWEEN ONSET AND DEATH JOSEPh V
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	3		
	NOI	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PART I (a
2	THECATION	19s DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY? 206 IF IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
9	CAL CERT	238. ACCIDENT WAS UNDERSTING	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	(18 PART) OR PART ?)
/	MEDICAL	THE INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not)	view the body alter death.		ta 3 ~ 18	have and from the causes stated
,		Karl Ho	Iseleul 1		MEDICAL STAFF DIRECTOR PHYSICIAN	3-18-85
/		HOLSC	HUH	16 Murr	ay Aue.	Auriago la

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24. FUNERAL DIRECTOR



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deoth deoth	1. DECEASED NAME FIRST	MIDDLE .	EVANS	20 DATE OF DEATH MONTH	4 85 1/35
e 4 may ctar, page s after dea	Female	Canc.	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
orh. Page 72 hours	7a. MRTHPEACE (date on FOREST) 7b.	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
the fundamental	HEATTY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	1 11
thours of d be file	USUAL RESIDENCE IN MIGRICIAN OF THE STATE.	HER INSTITUTION, GIVE RESIDENCE BEFOR		130 STREET ADDRESS / ZIP COI	E 21401
within 24 If fill thought	14. FATHER'S NAME	Ti Hanapa	15. MOTHER'S MAIDEN NA		dree Avenue
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e be exection and lears. Page:	(# YES, GIVE W	220-58-	2088 Stewart	A. Evans	#13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physican popoper popoper popoper popoper popoper popoper popoper popoper popoper popoper popoper popoper popoper popoper popopoper pop	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE (l'anha	o lase, eve	ut	2 days
death co	ditions, if any, which	DUE TO, OR S A CONSEOU	Art. Hypert	Pension	years
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o o o o o o o o o o o o o o o o o o o	STATE OF OPPRATION	VIL CONDITION FOR WHICH	OPERATION WAS PERFORMED	/ IN CER	ES, WERE PINDINGS USED TIFYING CAUSES OF DEATH? YES TO NO TO
Physicic physicic lifeath The pi	OF COMBBRIDIANS CHORESTAND	21L IME OF INJURY HOUR A.M. MONTH D.	0 7 6 0		0 0
PHYSK fending flister flister flister flister	MILE HOLEY MEDICAL EXAMPLES	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 21f. LOCATION STREET	() CITY OR TOWN	COUNTY STATE
NO IN	270 certify that (I) (the hospital	attended the deceased from	1978 19	_ to nevent	19, that (I) (we) las
DR ATTE hospith pilectro ched for hear of	above, (I) (met (did / did not) v	iew the bady after death.	DEGREE	death accurred an the date and h	22c. DATE SIGNED
SPITAL O	PHYSICIAN'S NAME (TYPE OR PI	Verkou	ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	13-4-85
TO HOSPI retained b TO FUNE with the 5	PETER F. VER	Kouw MC) Hig Forest	Dr. Hnna bilc	o, md, 21403
BP	Burial	23h. DATE 7, 1985 P	Sbury Church	Arnold	A.M W.D.
DHMH - 16 50M 4/83 (VRA 15, 4)	laylor fun enal (Chapel Anna	polis, MD M	TE REC'D. BY REGISTRAR 255, REGI	SIRAR'S SIGNATURE

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CERTIFICATION

MEDICAL

FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

STATE

DECEASED NAME FIRST YPE OR PRINT) VESTA	MAF F	EHRMAN		20. DATE OF DEATH MONTH	10 1985	76. HOUR
SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 H
remale	White	MONTH DAY	1911	13 YR	MONTHS DAYS	HOURS M
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED	Anne Ani		
Crofton	11. NAME OF HOSPITAL, NURSIN	ADDRESS) - I	1	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	GUEET INDUSTRY	of BUSINESS
STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		OPTIMALL VII	112 STREET ARDRESS / 710 CO	ODE	

л	DOUAL KESIDENCE (IN V	MORRING HOWE OR OTHER INSTITL	JI ION, GIVE RESIDENCE BEFORE ADMISSION	1 4			
1	13a. STATE	13b. COUNTY	LIC CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	
ı	MD	AA.	Annapolis	YES TO NO TO	130 Hea	rn Road	2140
1	14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		
1	FIRST	MIDDLE	LAST	1 FIRST	MIDDLE	D' 1/-	LAST

160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USET OF CERTIFYING CAUSES OF DEAT YES NO NO
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER, NOTIFY MEDICAL EXAMINER P.M. 211. LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

37 22s.1 certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on (my) (our) opinion death occurred on the date and hour and from the causes stated

above, (1) (we) (did) id not) view the l

226 SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN |

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION

tuneral - Hnnapolis, Mi (VRA 15, 4)

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR:

should be detained with the State

MPORTANT

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DECEASED NAME (TYPE OF PRINT)

12b. KIND OF BUSINESS OR INDUSTRY

, that (I) (we) last

7a. DATE OF DEATH

DIVI	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
OR ATTENDING	LOR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may the hespital or otheriding physician.	0
DRECTOR, After toched for use on the	L DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the Luestal director, political to the burial-transit paints. Then please remove carbon papers. Pages I had 2 should be industrial than 22 hours after a	0.0

s after 0	1. SE.	MAIS	Blac K	S. DATE OF	F BIRTH	AGE UN YEARS LAST BRITHDA	VRS. FUNDERS YEAR FU
10 Car		OUNTRY)	76. CITIZEN OF WHAT COUN	WIDOWE		I HIVN MX	ynde!
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y tilled	N	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	NTY 13 CITY OR AND N	TOWN APOLIS	13d. INSIDE CITY LIMITS		PROJS CO
Mod 2		UNK	MIDDLE LAS			N 1	LAST
Flages F Pages F medica	160. (AS DECLASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL 226	SECURITY NO. - 0 5354	4 Marth	9 STEPNEY	-8278 Par Ra
physici onpoper smoxol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	aly one cause per line for (a), (l D BY: TE CAUSE (a)	della .	avest		APPROXIMATE BETWEEN ONSET
by the attending ase remove carbification, or of other traumatic	1	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	one	renal (Jailare	
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ter this ca is the burn hand Me	MEDICAL	NURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TOWN	COUNTY
for use of Health	2	220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	1-14 1115		d that in (my) (our) opini	on death occurred on the date	ond hour and from the caus
detoched use Dept. dr. # hem		THE SIGNATURE BY	who &	no	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 200 DATE SIGN
Sould be		PHYSICIANS NAME (TYPE OF	odie, TV	no	224. ADDRESS 844 /	V. CARRY ST	+ Balt.
2513	73e.	BURIAL, CREMATION, REMOVAL SPECEY)	3-29-85	23c. NAME OF CE	Creat	23d. LOCATION CITY OR TOWN Amapali	PURTY PLANE
- 16 50M 4/83 RA 15, 4)	2	INERAL DIRECTOR	8212	RESS T 10	A 250 1	MAR 27 1985	REGISTRIAR'S SIGNATURE

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2/5	11	- STATE REGISTRAR		FICATE OF DEATH	REG. NO.	
6	1 DE	CEASED NAME FIRST	MIDDLE TO	LAST PLANT	20. DATE OF DEATH	A SEAR 25 HOUR
(3%)	3 SE	x v sepis	RACE S DATE (OF BIRTH	6 AGE LIN YEARS LAST BIRTHDAY)	IF UNDER 1/YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
- Bo	70.8	IRTHPLACE (STATE OF FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	16 1915	69 YRS	
the state of	5.7	COUNTRY	I.C. U.S.A. WIDOW	NEVER MARRIED DIVORCED	Anna Aruna	el MD.
and the state of	10, 0	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACHTY, GIVE STREET ADDRESS)	GENERAL LISO	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Salesman	126. KIND OF BUSINESS OR
Ta hour	USU 13a	AL RESIDENCE (IENURSING HOME OR O'STATE 136 COUNT	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TUNCE SMAY Side		13. STREET ADDRESS / ZIP COD	1020/169
100	1	ATHER'S NAME Sharles Ed	vard Ferguson	15. MOTHER'S MAIDEN NAM	ME	LAST
ond collin	160	WAS DECEASED EVER IN U.S. ARMI	FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	Perryman
ie be exicion or ers. Pag		yes ww	<u>I</u> 212-18-4573	Bernie A.	Ferguson same	
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on. hos been t permit t permit ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
iCIAN: TI g physicir gertificate ial-transit mtal Hygi em 18 shr		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PARI OR PARI 2)
G PHYS offending er this of s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN pital or TOR: Aft or use a sf Health		22a. I certify that (I) (this haspital sow the deceased plive on 2	2 7 5 19	and that in (my) (my) apinion o	death accurred on the date and hou	19 , that (I) (we) last or and from the causes stated
the hosp the hosp L DIREC stoched for the Dept. of	,	abave, (I) (we) (did) (did nat) 22b. SIGNATURE	21	DEGREE ATTENDING	MEDICAL STAFF	3 6 3
etained by to FUNERAL should be de with the State MPORTANT.		22d. PHYSICIAN'S NAME (TYPE OR	NT)	22e ADDRESS	GALEN ZOAY	BENGANA CK
retained TO FUNE should be with the	23a	BURIAL, CREMATION, REMOVAL	W A () 136. DATE 236. NAME OF 6	CEMETERY OR CREMATORY	23d LOCATION)यााडे वास
BP.		Burial			v Galesville	A.A. Md.

DHMH - 16 60M 7/B4

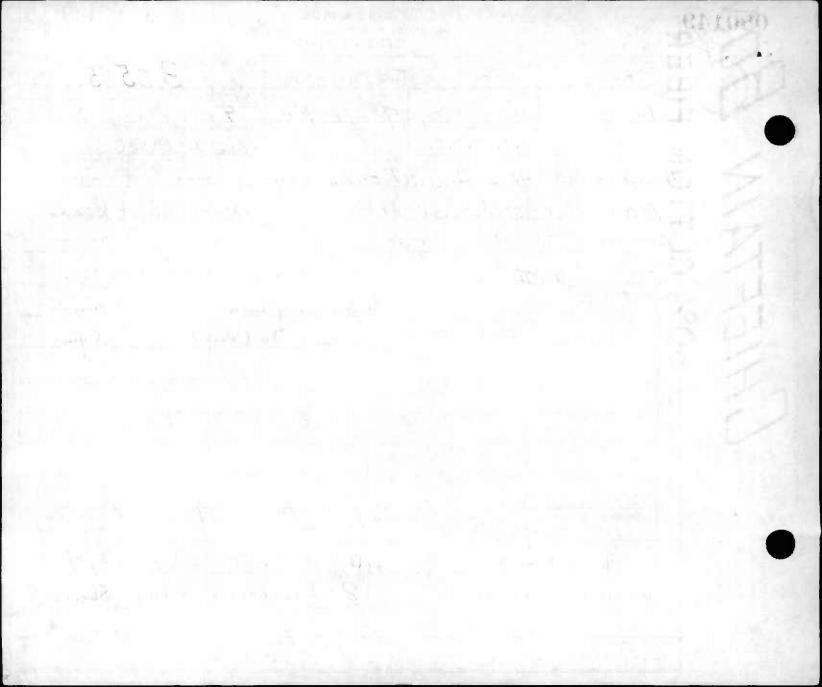
(VRA 15, 4)

74 FUNERAL DIRECTOR Hardesty Funeral Home 12 Ridgely Ave. Annapolis, Md.

Woodfield Cemetery Galesville

Md.

230 DATE REC'D. BY REGISTRAR 28 REGISTRAR'S SIGNATURE 21401



	STATE OF MA
FOR	DEPARTMENT OF HEALTH A
- STATE REGISTRAR	CERTIFICATE

STATE OF MARYLAND

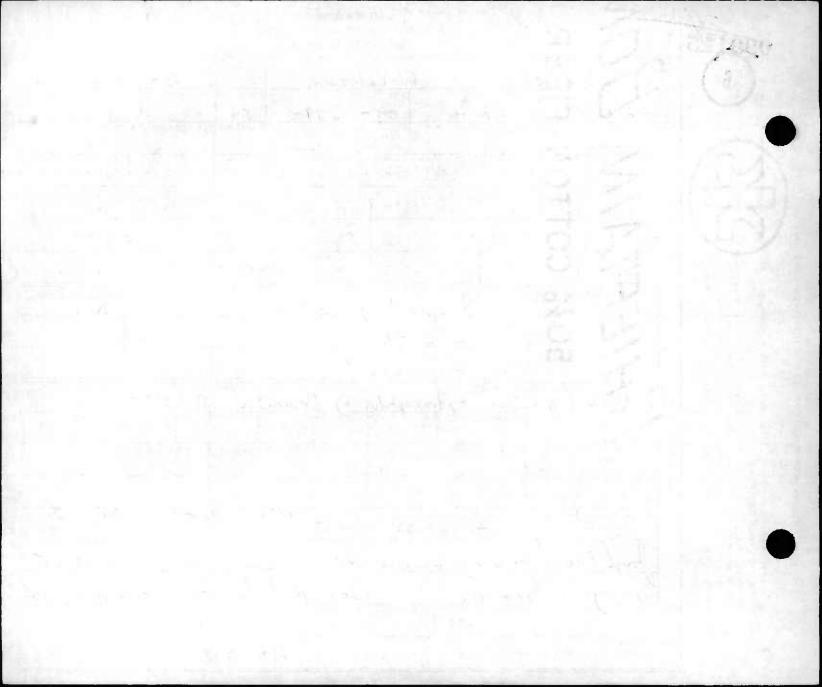
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	000	~	NI	Ο.
- 1	CET	J.	IN	v.

			REG. NO.	
DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
San	vel	Finkelstein	03 -	29-85 300 am
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	white	09 - 16-1900	84 YF	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Russia	USA	WIDOWED DIVORCED	Anne Arun	dol Co. MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Annapolis	Anne Arunde	estreet appressi el General Hospit	al Retail Sale	S General Sto
SUAL RESIDENCE (IF NURSING HOADS 136 C	DUNTY 136 CITY O		112- STREET ADDRESS / 710 C	005
Md.	AACo. 130 Anna	apolis YES V NO	132 STREET ADDRESS / ZIP G	ut Ct / 40/
FATHER'S NAME		15 MOTHER'S MAIDEN		
Isaac	Finkels A	tein Sara ^{rest}	WIDDLE	Kotziń
WAS DECEASED EVER IN U.S		L SECURITY NO. 17 INFORMANT	ADDRESS	
(YES, MOR UNKNOWN) (IF YE	S. GIVE WAR OR DATES) 217-	32-8410 Marlene W	leinberg Col	umbia, Md.
18 CAUSE OF DEATH (Ente	r anly one cause per line ar (a).	(b), and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	used By: DIATE CAUSE (a)	nivatury Failur	و	hrs.
IMM				
Conditions if you which	DUE TO, OR AS A CON	SEQUENCE OF		
Canditians, if any, which gave rise to immediate				
underlying cause last	DOL TO, OK AS ALGOIN			
		eumonia -:		
PART 2 OTHER SIGNIFICA	. 1/ /	G TO DEATH BUT NOT RELATED TO THE TE	N. a) cht	GIVEN IN PART 110
19 NOTE OF OPERATION 1	Dressure Tryol	Wich Operation Was Performed		YES, WERE FINDINGS USED
THE DATE OF CHANGE	THE CONDITION ON V	THE TOTEKA HOLV WAS TEN GRIMED	IN CE	RTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW IN HIP OCC	YES NO V	YES NO
		H DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PARE 2)
OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED		19		
	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE AT WORK			2/	
	aspital) attended the deceased	. 19	82. to 3/29	, 19, tho (ii) (we) lost
saw the deceased alive	f not view the body after death.	_19, and that in (my) (bur) apini	an death accurred on the date and	haur and fram the causes stated
276 SIGNATUSE	1. /	DEGREE		22c. DATE SIGNED
Joseph Fren	of An George &	awwys MD_ ATTENDING PHYSICIAN		15/29/85
PHYSICIAN'S NAME IT	IN CONTRINES	22e ADDRESS	111	
George (5 AMAYAS	205 RG	lasty Ave.	Annmoolis us
a. BURIAL, CREMATION, REMO		23¢ NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	THE TOTAL THE
(SPECIFY) Burial	3-31-85	Kneseth Israel	Annapolis	AACo. , Mď.
FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 256. REC	
Harrdestv Fu	neral Home ADD	DRESAnnapolis, Md.	PR 4 1005	Davidson-Randall
		uporro,ma.	7 300 , 500	2 1-100 (M)O) 4-1 1-13-1

DHMH - 16 60M 7/84 (VRA 15, 4)

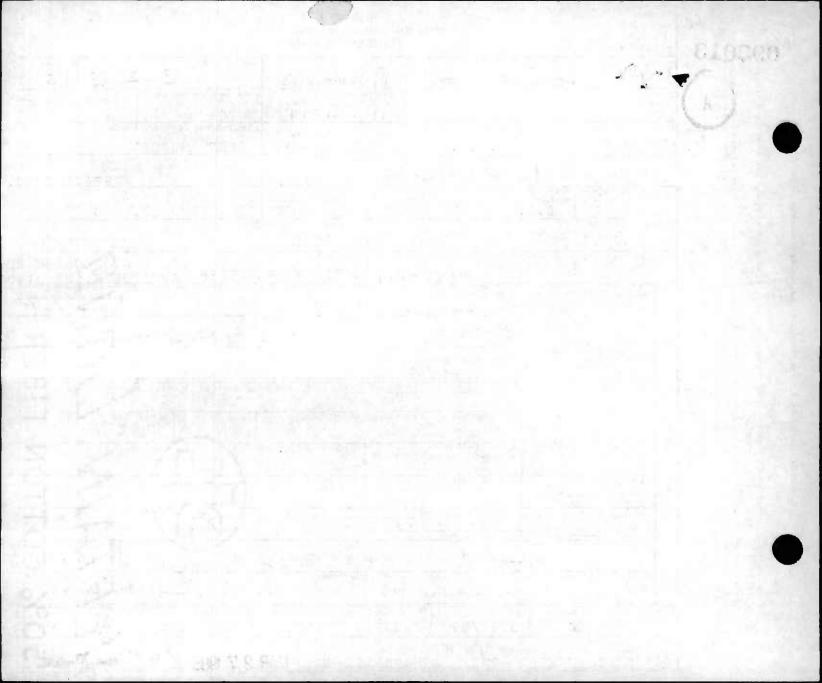
IMPORTANT: If hem 21 is



_		FOR
-1	-	STATE
		REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

6000013	1.	FOR - STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GTENE O	6 5 4	2
OUNGIO		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
å 15 T	A (1Ab)	BED	NICE G	F	NKIESTEIN	3	- 22.85	113 "
ô C A Y	3. SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR	IF UNUER 24 HRS
4 (A)	F	emale	white	MON	H OAY YEAR	70	YRS.	HOURS MIN.
P o	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	ED NEVER MARRIED	BALTIMORE CITY OF C		
de oth. Poge		llinois	U.S.A.	WIDOW		ANNE ARUN	DEL.	MD
ofter d	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATION	12b. KIND OF	BUSINESS OR
10 to 20 10 10 10 10 10 10 10 10 10 10 10 10 10	AN	NAPOLIS			ERAL HOSP.	CLERK	RKING LIFE) INDUSTRY	L GROC.
AND 212 1.24 hour filled in	13a. S	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU ARYLAND A	NTY 136 CITY	nce before admission OR TOWN APOLIS	13d INSIDE CITY LIMITS? YES NO XX	13e. STREET ADDRESS 2570 RIVA	RD. #40	401
within within d 2 s s	14. F4	THER'S NAME	WIDOLE	LAST	15. MOTHER'S MAIDEN N			
MA mple	¥	SAMUEL	WAI	NER	SARAH	WIDDLE	TEITLE	BAUM
TIMORE, M. be executed on and comp on ond comp or. Poges emedical	16a \	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	AL SECURITY NO.	DAVID FINK	ADDRESS 13 (LESTEIN AN	88 STONEC	REEK RD
ST., BAL artificate on poper: emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	FD BY		Anrest			NATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. The this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2's facilitate in the and Mental Hygiene prior to burial, cremotion, or removal. orked or them 18 shows any injury, or other troumotic event, the medical econific number of the contents.	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO (b) DUE TO, OR AS A GO (c) CONDITIONS CONTRIBUTI	NSEQUENCE OF		MINAL DISEASE OR CONDITION	DN GIVEN IN PART 110	
The low requording.	CERTIFICATION	19a date of operation	196 CONDITION FOR	WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY? 20 IN	IF YES, WERE FINDING CERTIFYING CAUSES (YES []	GS USED DE DEATH?
IVISION OF VITALI G PHYSICIAN: The ottending physician per this certifications to see the buriol-transit per ond Mental Hygien whed or them 18 show		210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	TEM 18 BART 1 OR PART 2)	
DIVISION OF VITAL RI TTENDING PHYSICIAN: The Ic pitol or ottending physicion. TOR, After this certificote hos for use os the buriol-tronsit per of Health and Mental Hygiene of Health and Mental Hygiene 21 is marked or them 18 shows	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY	/	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Do de E		22a. I certify that (I) (this hasp	oital) attended the deceased	of from_	nd that in (my) (our) equalor	deoth occurred on the dote of		not (I) (we) lost
OR ATTEN ORATION DIRECTOR oched for up Dept. of Hem 21 is		obove, (I) (we) (drd) (did n 22b. SIGNATURE	of) view the body ofter deat	h. ,	DEGREE	- deom occorred on the gole o		
TAL OR ALL RAL DIREC detoched to tote Dept.		In/11	wells		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE S	3/85
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched it with the Stote Dept. or With the Stote Dept. or MAPORTANT: If them 2		JACO - 7	EITERSAV.	m MD	22e ADDRESS (390)	ed Locomo	u /sc. 2	140/
55 1 2 3 4	23a. E	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		BURIAL	3/24/85	KNESE	TH ISRAEL	ANNAPOLIS	A . A .	MD
DHMH - 16 50M 1/B1 (VRA 15, 4)	100	UNERAL DIRECTOR LRDESTY FUNEF	RAL HOME	ANNAPOL		R 2 7 1085	REGISTRAR'S SIGNATU	RE mole Re



0093	L	FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG TCATE OF DEATH	REG. N	0 6 6 4	3
P		CEASED NAME FIRST	c <	WIDDLE	EISH	AST D	20 DATE OF DEATH	3/15/85	2b. HOUR
ofrence 3	3. SE		4. RACE	casian	5. DATE	GAY YEAR	6. AGE (IN YEARS LAST BI	211103	AR IF UNDER 24 HRS
nerol direct		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	0	25, 1940 DE NEVER MARRIED DIVORCED DI	9. BALTIMORE CITY 9	YRS OR COUNTY OF DEATH	
by the fur illed withi	10 C	rofton	11. NAME OF		G HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPAT	TON 126 KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR
filled in	13a. :	AL RESIDENCE (IF NURSING HOME STATE 13b. CC		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Crofton		13d. INSIDE CITY LIMITS? YES X NO	13° STREET ADDRESS 1417 Kens	ington Place	e 2111 ⁾
		ATHER'S NAME FIRST Carmen	MIDDLE A.	Torre		15. MOTHER'S MAIDEN NAI	MIDDLE		Minasi
Poges.		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	053-32-81		Bruce J. Fish	addr 1er	same as :	13e
en signed by the attendin 1. Then please remove carb or to burial, cremotion, or y injury, or other troumotic	TION	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN	DUE TO, CO		NCE OF		INAL DISEASE OR CON		
ote hos been nsit permit spiene prior shows only	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	es of death?
this certificate to buriol-transit ad Mental Hygind or Item 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	DEATH HOUR A	.M. MONTH DA .M. OF INJURY (REET, FACTORY, OFFICE, F)	19	21c. HOW INJURY OCCURE 21f LOCATION STREET	CITY OR TO		STATE
at DIRECTOR: After etoched for use os the etoched for use os the etopt. of Heolth or it them 21 is morked.	-	WHILE DIVERSE AT WORK 220.1 certify that (1) (this has sow the decased alive above, (1) (we) (did) (did	spital) attended 1	be deceosed from	35		MEDICAL STA	PF 22c. DAT	that (I) (we) lost ne causes stated
should be deta with the Stote		22d. PHYSICIAN'S NAME JOB Mary S. Mich		www		22e. ADDRESS 121 Cathredr	al St., Am		yland
*****		SURIAL, CREMATION, REMOVE SPECIFY) Burial				emetery or crematory nt Cemetery	23d. LOCATION CITY OR TOWN Davidso	nville, Mar	yland STATE
H - 16 50M 1/BI (VRA 15, 4)		INERAL DIRECTOR NAME 11 Funeral Ho	Spal	16000 Ar Bowie, N			R 1 9 1985	256 REGISTRAR'S SIGNA	Mandell

Jaucasian June 25, 1940 & Lame .ane .aucel ago York Tollerench 1417 densington dace Urofton taryland the truncel profiton x 1/17 Kensington lace 21114 Minesi VIng A. Lorres 12.17330 053-32-102 Lrucu .. isher saca as 13e GE Mille Le En I - My Softe I Man Harry Harry

Mary . Michaels ME 121 Cathredral St., Amapoli , Saryland

Juriel Mar 10, 1985 Lehrgont Demutery

15000 annapolis Rd.

Reall runard Nore Novie, Manyland

buslyne, sflivnoabivs.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Hem 21 is morked or Hern 8 shows any injury, or other troumotic event, the

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FOR - STATE

STATE OF MADVIAND DEI

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STATE OF MAKILAND	France	
PARTMENT OF HEALTH AND MENTAL HYGIENE	-	
CERTIFICATE OF DEATH		R

1		REGISTRAR		CENTIL	ICATE OF PEATIT	REG. NO.	
1		CEASED NAME FIRS		l	AST	20. DATE OF DEATH MONTH DAY Y	EAR 26 HOUR
	(TIPE	Th	unman Euge	ene Fo	and	March 18, 1985	M
	3 SEX	4.0	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
	_	Male	White	April	1 12, 1918	66 YRS.	DAYS HOURS MIN
d		RTHPLACE ISTATE OR FOREIGN		444 00.00	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEA	тн
7	/	Manyland	United S	tates WIDOWE		Anne Arundel (o.	MD.
1	1 1	TY OR TOWN OF DEATH	11. NAME OF HOSP	TAL, NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION 12b. K (Type Of Work for most of Working Life) INDU	IND OF BUSINESS OR
	9.	len Burnie	North An	indel gen. H	ospital	h - u - l - u - u - l - l - l - l - l - l	emical (o.
7	USUA 13m S	L RESIDENCE (IF NURSING HOTATE	OME OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
1	Ma	nuland	ne Arundel		YES NO	172 Carvel Beach R	d./ 21226
1	14. FA	THER'S NAME	MIDDLE -	LACT	15. MOTHER'S MAIDEN NAM		
	1	David	E. Fo	ord	Maggie	May Somers	LAST
	16a. W	AS DECEASED EVER IN U.	S. ARMED FORCES? 16b :	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Sink of the second
		Ges (W.	W. 2 21	7-05-6033	Winifred L.	Fond / 172 Canvel Be	ach Rd.
		18 CAUSE OF DEATH (En	ter only one couse per line f	of by (b), ood (c)	0. 0-	O DET	APPROXIMATE INTERVAL
		PART I. DEATH WAS C	EDIATE CAUSE (o)	torre	urais - 1	clay - History	
	9.7		DUE TO, OR AS	EQNSEQUENCE OF	Arm		
1		Conditions, if ony, which	ch ((b) (ecule c	myo card	est aforetion	
1	75	gove rise to immedio couse (a), stating the		CONSEQUENCE OF		10 0 44 1	, ,,
	Н	underlying couse los	st (c)	48000	(0)	04 - North Bush	e Hop
	z	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PA	ART I(o)
	ē	O Ale F	113-0 00	sellar	Con porce	m - (3) Angeryo	refers
	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	N WAS PERSORMED		FINDINGS USED AUSES OF DEATH?
=	ERTI	21g. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJ	IDV	In HOW IN HIPY OCCUPE	YES NO YES TENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PA	NO 🗆
		OR CONTRIBUTING CAUSE			211. HOW HAJORT OCCORR	ED (ENIER NATURE OF INJURY IN HEM 18, PART) OR PA	KI 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA		19	211 LOCATION		
	MEC	21d. INJURY OCCURRED WHILE INDIVIDUE I	21e. PLACE OF IN (AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN COUN	ITY STATE
		AT WORK AT WORK					
		220.1 certify that (I) (this sow the deceased ali	hospital) attended the dec	VT	d that in (my) (aur) aninian a	deoth occurred on the date and hour and fro	, that (I) (we) lost
		obove_(l) (we) (did) (did) (did)	did not view the hold after	death.	DEGREE		DATE SIGNED
1		The B	1.1.1.0		ATTENDING	MEDICAL STAFF	DATE SIGNED
4	-	22d RHYSICIAN'S NAME	TYPE OD BOILTY	79	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	
2		CHRIDS	W. PATA	1N6 HUG	102 P A	FRACEN AUS DA	VIMA
Н	23a P	URIAL, CREMATION, REMO	OVAL 23b. DATE	122 NAME OF C	EMETERY OR CREMATORY	123d LOCATION	21216
	(S	PECIFY)	2 21 SE		ven Mem. Park	Elin Burnie, Anne A	under Md.
	24 FU	NERAL DIRECTOR	13-21-0)	asadena. Ma	21122 25g. DATE		GNATURE
	M	NAME & A	nal Home , Mou	ADDRESS	k Neck ROSMAS	0 1 4005	n-Handell.
	7.10	Carry rurce	and nome , not	ununit a 126	V WEEK WASNI	7 1 1983	

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	81.7 (31.2 days)	11.50	\
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172 Javel Levy 27.7 2723	*		5
Manual No.			
that fire few blanch had	Aladian av	Say I am S	504
	9		
for vanis, we will in the		in 79-16-1 Landi Landi Len Landi Landi Len	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

6	0	4	3
6	6	4	5

	REGISTRAR							REG.			
	ECEASED NAME	FIRST	· C	NDDLE	1	LAST		20. DATE OF DEATH	-	DAY YEAR	26 HOUR
		BUKE	t			XUNTAIN C			3-	4-85	8.2
3. SE			RACE		5. DATE C	H DAY YE	EAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
2.0	BIRTHPLACE (STATE OR	1000000	BLACK	MIAT COLINITO	V0 0	4 17 (03	81	YRS	V 05 D5 4 7 14	
E-	BIRTHPLACE (STATE OR COUNTRY) LARYLAND	FOREIGN	U.S		MARRIE	D NEVER MARRI	ED 📙	BALTIMORE CIT	OR COUNT	DO 1	
Acres 1	CITY OR TOWN OF DE	ATH			WIDOWE SING HOME (DIVORCE OR OTHER INSTITUTION		120 USUAL OCCUP		126 KIND	OF BUSINES
3 1	maplis		(IF NOT IN SUCH	ACILITY, GIVE STRE	EET ADORPSS)	wal Hor		(TYPE OF WORK FOR MO	T OF WORKING L	IFE) INDUSTRY	
13a	JAL RESIDENCE (# NUR STATE	13b COUN	TY	13c. CITY OR TO	NWO	138. INSIDE CITY LIA	MITS?	13e.STREET ADDRES			DIN
1	MARYLAND ATHER'S NAME	A.A.		CHURC	HTON	YES NO NO			CHURCH	TON RD	,001
0	JOSEP	H	MODLE	FOUN	TAIN	MARY		WIDDLE		SMITH	AST
160	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT			DRESS		
	NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES)	517-24	-6831	LORETTA J	OHNS	timore on 3207 G	d. 212 reenme	ade Rd.	
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only	y one couse per l	line for (0), (b), o	ond is			/		BETWEEN	XIMATE INTERV
	Conditions, if ony gove rise to im couse (o), stati underlying coust	mediate ng the e last	(b)	AS A CONSEQ	DUENCE OF	alt	ho	lian			
ATION	gove rise to im couse (o), stati underlying couse PART 2 OTHER SIG	mediote ng the e last NIFICANT CO	(b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQ	QUENCE OF	NOT RELATED TO TH					
TIFICATION	gove rise to im couse (a), state underlying coust	mediote ng the e last NIFICANT CO	(b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQ	QUENCE OF	alt		NAL DISEASE OR CO	20b. IF YE	VEN IN PART I	INGS USED
CERTIFICATION	gove rise to im couse (o), stoti underlying couse PART 2 OTHER SIG	mediate ng the e last NIFICANT CO	DUE TO, OR (c) ONDITIONS CO 196 CONDIT	AS A CONSEQ INTRIBUTING TO	OUENCE OF	NOT RELATED TO THE		20e AUTOPSY?	20b. IF YE IN CERTI	S, WERE FIND IFYING CAUSE ES	INGS USED S OF DEATH
	gove rise to im couse (o), stoth underlying couse (o). PART 2 OTHER SIG 190 DATE OF OPERA 21c. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	mediate ng the e last NIFICANT CO TION DERLYING CAUSE OF DEAT ICAL EXAMINER)	ONDITIONS CO 196 CONDIT 216 TIME OF HOUR A.N P.N	AS A CONSEQUENTRIBUTING TO	OUENCE OF	NOT RELATED TO THE		200 AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE FIND IFYING CAUSE ES	INGS USED S OF DEATH
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DHMH - 16 60M 7/84

(VRA 15, 4)

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BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	6	5	4	6

1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) 3. SEX 4. RACE CAW 5. DATE OF BIRTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHOAY) 76. CTIZEN OF WHAT COUNTRY? 8. AGE 76. CTIZEN OF WHAT COUNTRY? 8. AGE 77. CTIZEN OF WHAT COUNTRY? 8. AGE 1.	S CERTIFICATE OF DEATH REG. NO. 20 DATE KNOWN OF ESTI- DEATH MATED 179 18 UNDER 1 YR. IF UNDER 24 HRS. 26 DATE MONTHS DAYS HOURS MIN. 19 DEAD AARRIED NOVEYER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
(TYPE OR PRINT) A RACE S. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) 76 CTITIZEN OF WHAT COUNTRY? 8. A	OF ESTI- DEATH MATED 19 IF UNDER 1 YR. IF UNDER 24 HRS. 26 DATE PRONOUNCED 3 27 1985 225
M CAW MONTH DAY YEAR LAST BIRTHDAY) 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 75 CITIZEN OF WHAT COUNTRY? 8. A	MONTHS DAYS FOURS MIN PRONOUNCED DEAD 3 27 1985 20 \$
76 BIRTHPLACE (STATE OR TO CTTIZEN OF WHAT COUNTRY? 8. A	DEAD 3 1,9 53 C/C?
FOREIGN COUNTRY)	9. BALTIMORE CITY OR COUNTY OF DEATH
Viction 1054 Iw	MARKIED WINEVER MARKIED L
	DOWED DIVORCED AL
11. NAME OF HOSPITAL, NURSING HOME, OF	COTHER INSTITUTION 170. USUAL OGCUPATION (TYPE OF WORK 17b KIND OF BUSINESS OR INDUSTRY
HUNAPOLIS HANE Hrundel	Gen Plectricion Electric
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN	13d, INSIDE CITY LIMITS? 13e STOREST ADDRESS
Md. A.A. Churchto	VES - NOX P.O. BOX 158-20733
4. FATHER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAME EIRST* MIDDLE LAST
Benjamin F Gouldmor	1 Esse mae reamy
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	D. IT. INFORMANT ADDRESS
NO 1 N/A 62712 561	7 Grace R Govidmon Some GDT 13
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ac ITrresv
DUE TO, OR AS A CONSEQUENCE OF	2.10
Canditians, if any, which gave rise to immediate (b)	
cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN PART 1 (a)
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR	DALWAS PERFORMEN
198 CONDITION FOR WHICH OPERATION	
210. EXTERNAL CAUSE WAS 216. TIME OF INJURY	YES NO THE NOTICE OF INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
	TE. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART) OR PART 2)
CONTRIBUTING CAUSE OF DEATH P.M. 19 71d INJURY OCCURRED 216 PLACE OF INJURY (ATHOME. 12	If LOCATION
STREET FACTORY FARM FIC	STREET CITY OR TOWN COUNTY STATE
AT WORK AT WORK	
27a I certify that I taak charge of the remains described above, held on	Autopsy . Inspection . Inquiry . and in my apinion
death resulted fram: Natural causes . Account . Suicide	. Hamicide . Undetermined manner .
	TITLE (SPECIFY)
11.11 111	
ACTUAL SIGNATURE Mellian P. James, MK	M.D. Deputy MEDICAL EXAMINER SIGNED 3/27/85
SIGNATURE MALLEN STATES	
EXAMINER'S NAME William P. Jones, M.D.	ADDRESS 695 America Crt. Davidsonville, Md. 21035
SIGNATURE MALLEN STATES	ADDRESS 695 America Crt. Devidsonville, Md. 21035 RY OR CREMATORY 23d LOCATION COUNTY STATE
EXAMINER'S NAME William P. Jones, M.D.	ADDRESS 695 America Crt. Devidsonville, Md. 21035

BP_____

(VR A15 ME (5)) 20M 4/82

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		E OR PRINT)	E PINST		MIDDLE	-	LASI		0	TE KNOWN				26. HOUR
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	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR LAST	BIRTHDAY) MOI	THE DAYS	HOURS	MIN. PRON	OUNCED			4-	20 HOUR
	III III	ale	White	11-4-08		YRS.				EAD	>	2	19	112 W
0	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 7b. CITIZEN OF WHAT C U.S.A.					8 MAF	RIED K NE	VER MARE	RIED 🔲 📗	LTIMORE CITY	_			
1				U.S.A.		WIDO		DIVOR		ne Aru				MD.
L	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSPI (IF NOT IN SUCH FACIL			HER INSTITU	ITION	12a. USHADO	CUPATION (TO	PE OF WORK	OF	ND OF BU	RY
T		en Bu			runde.		ital		Techn	working Life)		Ch	emi	cal
6	13a S	TATE	13b. COUNT	ROTHER INSTITUTION, GIVE	13c CITY OR TO	WN.	13d INSIDE C	ITY LIMITS?	13c STREET AL	DDRESS		. 2	100	01
2		Md.	A . A	4.	Glen 1	Burnie		NO X		Whitmo	ore (t.		
0	14. FA	THER'S NAM	E	MIDDLE	LAST			FIRST	EN NAME	MIDDLE			LAST	
U					Grahai			Esthe	er	Μ.		Gri	.mm	
	(YI	ES, NO, OR UNKN	DEVER IN U.S. ARA		166. SOCIAL SE		17 INFOR			ADDRES	S			
14		NO			215-10	-0230	/ Est	her	Graham	same	as	13	е	
		18 CAUSE C	OF DEATH (Enter onli	y one cause per line fo	or (o), (b), ond ((c).)			./			BETV	PROXIMATI VEEN ONSE	E INTERVAL T AND DEATH
		PARTID		E CAUSE (a)	PI	Con	drue	as	27					
1				DUE TO, OR A	S A CONSEQU	ENCE OF								
d			ons, if any, which ise to immediate	(b)										
) stating the under-	DUE TO, OR A	s a consequ	ENCE OF								
		lying cause lost. (c)												
		PART 2 OTHER S	IGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BU	T NOT RELATED TO 1	THE TERMINAL OISE	ASE OR CONDITIO	N GIVEN IN P	ART 1 io					
	MEDICAL CERTIFICATION													
7	CAT	196. DATE O	FOPERATION	19b. CONDITIO	ON FOR WHICH	R WHICH OPERATION WAS PERFORMED?						20 AUTOPSY?		
	TIF												YES 🗌	NO Q
3	CE		AL CAUSE WAS	21b. TIME OF II HOUR A.M.	MONTH DAY		HOW INJURY	COCCURR	ED LENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR P	ART 2)		
	CAI		G OR ING CAUSE OF D			19								
	MED	21d. INJURY		21e PLACE OF STREET, FACTOR		OME, 211 E	OCATION STREET		CITY	OR TOWN	C	OUNTY		STATE
	1	AT WORK	NOT WHILE C	,										
		220. I cert	ify that I toak charge	e of the remoins descr	bed abave, hel	dan Aut	psy .	Inspectio	an K Inq	uiry	and in my o	pinion		
		deoth resul	ted fram: Natur	al causes . A	ccident .	Suicide], Homi	cide .	Undetermine	ed manner				
		0.17	0		1.		TITES	SPECIFY)						_
		ACTUAL SIGNATURE	4 _	- 5 h	Thus	<u></u>	M.D	0	MEDICAL E	XAMINER	DATE	ED 3	12.8	3
7								0.						
		(TYPE OR PR		E. Wheele	n. M.D.		_ADDRESS	210 P	nimnose	Rd. Ann	rapol	is,	2140	3
1	23a. B	URIAL, CREMA	ATION, REMOVAL 2	b DATE		OF CEMETERY			23d. LOCATIO	ON 'N		UNTY	S	TATE
		В	urial	3/6/85		thawn	Cemet	tery	Bal	.timore			and	
	24 FI	UNERAL DIRE	Dar	ADDRESS	212	-		250. PATE	REC'D. BY REGI	STRAR 250 REC	SISTRAR'S		URE AND	2
	Ge	orge	J. Gonce	4001 Ri	tchie	Hgwy		1411	m 7 13	00		• 1		1

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injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

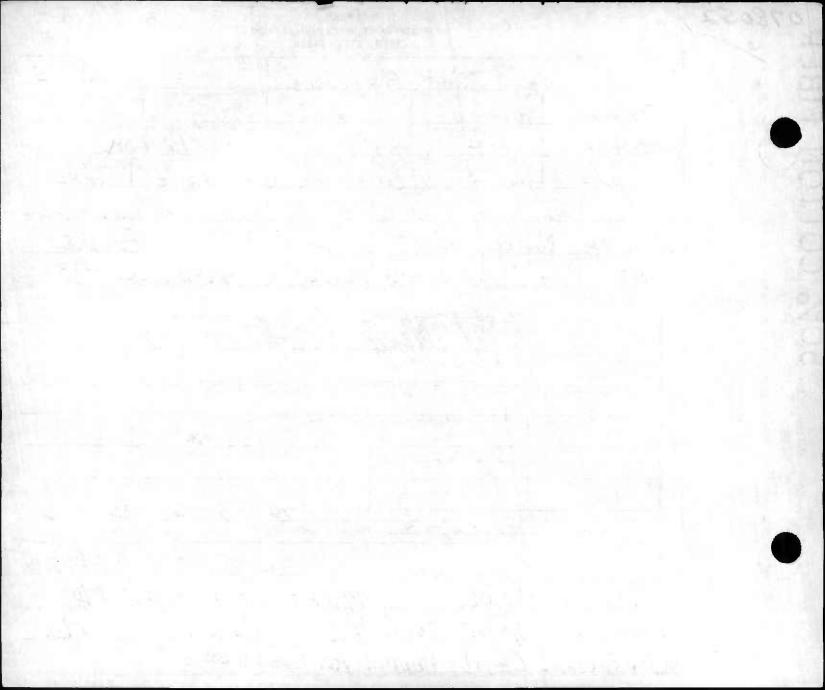
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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR		EALTH AND MENTAL HY			
1.05		MIDDLE	AST	REG. NO	MONTH DAY YEAR	2b HOUR
	OR PRINT)	NI - L O.	,,,,,,	20 DATE OF DEATH	2 0 0	1 HOUR
	rrancir		as nacre		7 83	> M M
3. SE	X	4. RACE 5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAY	
	remale	White 10		78	YRS	
7a. BI	RTHPLACE STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
HE	POSI HINDA	45A MARRIE WIDOWE		HUNE. 1	HEUNDEL.	MD.
10. C	IT OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O		126 USUAL OCCUPATI	ON 12b. KINE	OF BUSINESS OR
/	Annapolis		neral Hospital	TOUSEW	F WORKING LIFE) INDUSTE	TOME_
13a S	STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN A PUNCE Annable	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	r 21401
143FA	ATHER'S NAME	MIDDLE STURT	15. MOTHER'S MAIDEN NA	MIDDLE	Eni	Pre
1/	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO.	-ARRI	ADDRE	104	LNR
		1 WAN OR BATEN	ALVORD -	J. (TREEL	ACRE :	#13
	IE CAUSE OF DEATH Enter on	ly one cause per line by ut. (b), and ic			BETWE	EN DINGET AND DEATH
	PART I, DEATH WAS CAUSE	E CAUSE (a) A MELME	new			
		1,04	0 10	0		
	Conditions, if ony, which	DUE TO, OR AS CONSESSIBLECE OF	D 7/180	ie.		
	gove rise to immediate	1 14 4200	700			
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
10		(r)				,
z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
CERTIFICATION	IA DAYS OF ODSDAYION	IN CONDITION FOR WALL OF PAYER	ALWAS DEBEODATED	an AUTORCY?	20b. IF YES, WERE FIN	DINICCUISED
CA	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUS	
RTII				YES NO	YES 🗌	NO 🗌
	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHT LA MONTEN BANK MEAN	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	3111				
EDI	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TO	wn County	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	SINCE	- 10-	1 0.0	
		tol) ottended he deceosed from	19 79	10_7 1/	ec 196	. that (I) Wellost
	sow the decreed cline on	90192 19 82 0	nd that in (my) (and opinion	deoth occurred on the de	ote and hour and from t	the couses stated
7	obove, I did no	t) view the body effer death	DEGREE		22¢ DA	UT SIGNED
	7/	110/	ATTENDING	MEDICAL STAL	F	1006
	1001	1 House	PHYSICIAN	DIRECTOR PHYSIC	IAN L	0182
	THE PHYSICIAN'S NEWS		Man La L	CI Om	" no /: 1	h
	500 B.	- howe	117 WEST	DT. TIWI	UHIPOLIS 1	W.
2367	SURIAL CREMATION, REMOVAL	736 DATE OF C	EMETERY OR CREMATORY	23daLOCATION	000	a Actare
4	ERHATION	3/10/85 CRDAR	14:1.1	DUNHAN	D 1.6.	Lule -
24 FI	UNERAL DIRECTOR		250. DA	TE REC'D. BY REGISTRAR	25h REGISTRANS SIGN	ATURE
10	I A D FLASE DIA	March ADDRESS	Ja UD ANAH	1 8 1985		



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

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	1 -	- STATE REGISTRAR		DEFARIT		ICATE OF D	EATH	IENE	REG. N	10.				
		CEASED NAME FIRST		AIDDLE	HA	AS S	R	2a DATE C	OF DEATH	MONTH 3	16	YEAR 85	26 HOL	35M
	3. SE	× Mn =	4 RACE	*****	5. DATE C		98	6 AGE (IN	YEARS LAST BIT		MONTHS	DAYS	HOURS	
	I A	RTHPLACE (STATE OR FOREIGN COUNTRY)	111	WHAT COUNTRY?		NEVER A		n	ORE CITY C	4	TY OF DE	ATH	111	
		ARNOLD	(IF NOT IN SUC	OTATES HOSPITAL, NURSIN HEACILITY, GIVE STREET DEEP CRE	ADDRESS)			12a USUAL	OCCUPAT ORK FOR MOST		LIFE) IND	KIND OF USTRY		
	13a S	ALRESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION		ADMISSION)	13d. INSIDE C	NO 😿	13e STREET	ADDRESS	P CRI	EEK !	NE.	210	212
/		TOHK	MIDDLE J.	HAAS		PE	MAIDEN NAM FIRST RRL	WE	WIDOLE		(UNI-	CAST	vw))
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	JOHN	J. HA	AS, J	ADDR	BTO I	cip.	MD	210	Ave.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)									В	APPROXIA TWEEN O	NATE INTE	PVAL
		Conditions, if ony, which gove rise to immediate										740		
		couse (a), storing the underlying couse lost. (c) (c)								76	0	0.00		
	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IVEN IN P	ART IIo			
1	MEDICAL CERTIFICATION	19a DATE OF OPERATION			ICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO					20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			TH?	
7	CAL CE	21a. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)		M. MONTH DA	Y YEAR	21c HOW IN.	JURY OCCURR	ED (ENTERN	ATURE OF INJU	RY IN ITEM 18	B PART I OR I	PART 2)	10	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	DE INJURY EET FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATIO STREET	N 201		CITY OR TO)WN	cou	NTY	5	STATE
		22a.1 certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no	3 13	10	5	d that in (my)	, 19	, to leath accurr	SIL ed on the d	ote and ha	, 19_8 our and fro		not (I) (
		22b. SIGNATUR	cin	01.	leu	DEGREE LANA	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC		220	BALLS	OLE	35
		22d PHYSICIAN'S NAME (TYPE O	Puc	1		15Z(RITC	418	- 14	24	AR	ra	0	
		URIAL, CREMATION, REMOVAL SPECIFY BURIAL	MARCH	19, 1985 CE	DAR	HILL CO	REMATORY METERY	. 1/	ATION YORTOWN	e AA	COUNTY	UND	5 62	MD.
	BA	INERAL DIRECTOR NAME RRANCO FUNERA	Home	501 Seve	RITCH	RK, M.	250. DATE		REGISTRAR	256 REGIS	STRAR'S S	GNATU	RE	4

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove carbonoppen Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

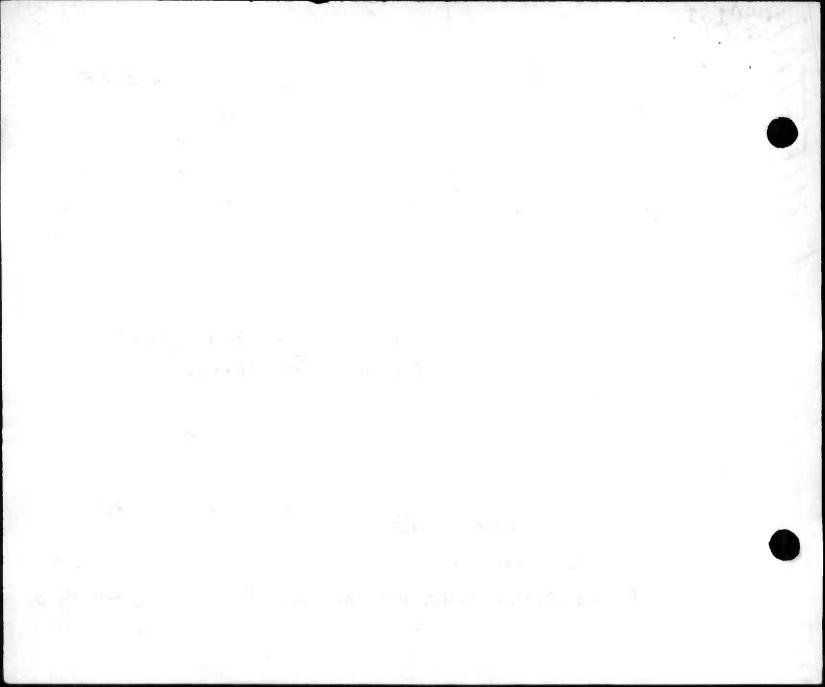
IMPORTANT: If Hem 21 is morked or kem 18 shows ony injury, or other troumotic event, the

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DHMH - 16 50M 4/83

(VRA 15, 4)

	1-	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H I FICATE OF DEATH	IYGIENE 5 O	6 5 5 0
			4 RACE	5. DAT	E OF BIRTH	20. DATE OF DEATH MONTO	H DAY YEAR 26. HOUR S S M IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
>		Male RTHPLACE (STATE OR FOREIGN OUNIRY) Maryland	USA	VHAT COUNTRY? 8. MARI	WED DIVORCED	Anne Arun	del Co. MD.
3	A	TY OR TOWN OF DEATH nnapolis AL RESIDENCE IF NURSING HOME OF TATE 1136 COUN	Anne A	FACHLITY, GIVE STREET ADDRESS) RUNDEL GER GIVE RESIDENCE BEFORE ADMISSIO	e or other institution neral Hosp.	12a USUAL OCCUPATION [TYPE OF WORK FOR WORK Electrician	Construction
5	14 FA	TATE Md. 136 COUNT AA THER'S NAME illiam Moo	WIDDLE	West River	134 INSIDE CITY LIMITS YES NOTHER'S MAIDEN Mary St	5142 Chaik	McDermott
	16a W	VAS DECEASED EVER IN U.S. AR (ES, NO PUNKNOWN) (IF YES CH Y CS	MED FORCES?	217-12-82		W. Hall	Same as #13
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO		esive lego Lego arter BUT NOT RELATED TO THE TO	Disease or CONDITION	
2	MEDICAL CERTIFICATION	19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (SE ETHER NOTIFY MEDICAL EXAMINES 21d IN JURY OCCURRED AT WORK NOTIFY HOPE Sow the deceased alive on obove, (!) (we) (did) (did not obove, (!) (we) (!) (!) (!) (!) (!) (!) (!) (!) (!) (!	21b. TIME OF HOUR A.M 10 P.M 21e. PLACE O (AT HOME, STREE	MONTH DAY YEA I. 1' IF INJURY ET FACTORY OFFICE, FARM, ETC.) deceased from 19	21c. HOW INJURY OCC 21f LOCATION STREET		COUNTY STATE , 19 , that (I) (we) last
	73a B	228. SIGNATURE LOCAL 224. PHYSICIAN'S NAME (1992 C TOMAS J. URIAL, CREMATION, REMOVAL	HERNI	andez m.p	DEGREE ATTENDING PHYSICIAN 220 ADDRESS CARDIOLOG FCEMETERY OR CREMATOL	y Prince George	
	24. FU	Derial Cremation, removal Specify) Burial INERAL DIRECTOR Ardesty Fune	3-5-8	35 Gate	of Heaven	CITY OF TOWN	oring Md. STATE EGISTRAR'S SIGNATURE



6099	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLANI ALTH AND MEI CATE OF DEA	NTAL HYG		O REG. NO.	6	6 5	EST
7:		CEASED NAME FIRST	ATD FOTE 3.4	lE.	LIA DDE			20 DATE OF DE		DAY	1985	26 HOUR .
(A-1)	3 SE)	MARG	ARET M		HAPPE 5. DATE OF			MAR 6. AGE (IN YEARS		JF U	1903	0840 RM
6.0	J JL/	Female	White	10.	Jan.	15, 1	921	64	Y	rs.	THS DAYS	HOURS MIN.
11		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY?	8	NEVER MAI		9 BALTIMORE			DEATH	
57 S	N	Maryland	U.S.A.		WIDOWED	DIVO	RCED [NE ARU			
by the function	10 CI	GLEN BURNIE	(IF NOT IN SUCH FA	CILITY, GIVE STREET A ARUNDEL	DDRESS)		NOITU	120 USUAL OCC (TYPE OF WORK FOR Seams t	UPATION MOST OF WORK PESS	ING LIFE)	126. KIND OI INDUSTRY Retire	ed
filled in by nould be filed must be no	13a. S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUI Aryland A. A	VIY 113c	city or town len Burr			○XX	13e STREET ADD	enlea	Dr.	21061	
completely	14. FA	THER'S NAME John	MIDDLE Smi			S. MOTHER'S M			IDDLE	F	uller	
Poges l	{}	VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (1F YES, GIV (1F)	VE WAR OR DATES)	17-07-5		7 INFORMANT Edward	J. Ha	appel sa	me as	13		MATE INTERVAL
ned by the attending phy pleose remove corbon po urial, cremation, or remov ,, or other traumatic event		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS	HATE S A CONSEQUE S A CONSEQUE	NCE OF	Breest	Car	ver	P CONDITION	N GIVEN	29	car .
on. hos been sig t permit. Then ene prior to b ows any injury	CERTIFICATION	190 DATE OF OPERATION	MAR CONDITIO	LCOM	DPERATION	WAS PERFORM	NED	200 AUTOPS	Y? YOU.	IF YES, W ERTIFYIN YES	ERE FINDIN IG CAUSES	GS USED
ding physici s certificate buriol-transi Mental Hygi or item 18 sh		2) a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	MONTH DA	Y YEAR 19			RED (ENTERNATURE	OF INJURY IN ITE	M IS PART	OR PART ?)	
offendir ord Missed or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME STREET,	INJURY FACTORY, OFFICE, FA		211 LOCATION STREET	5.6	C	TY OR TOWN		COUNTY	STATE
the haspital or of LDRECTOR: Aft stockhold for use as to Dept. of Health if If them 21 is mor		22a.1 certify that (1) (this hosp saw the deceased of above, (1) (we) (dight this 22b. SIGNATURE	3- 22	19 0		GREE	ENDING I	deoth occurred o	STAFF			SIGNED
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		224. PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e. ADDRESS		845 OAKW			SUITE	104
Should with W		LONG S. IS	U			GL	EN DUI	NIE MA	RYLAND	210	61	
3P		Burial, cremation, removal Burial	236. DATE 26 Mar.	85 G16	ame of CE/	METERY OR CRE	Pk.	Glen	Burnie	Α.	A.	MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

James S. Kirkley Glen Burnie MD.

Pk. Glen Burnie A.A. MD

250 DATE REC'D. BY REGISTRAP 256, REGISTRAP'S SIGNATURE

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STATE OF MARYLAND	53
DEPARTMENT OF HEALTH AND MENTAL I	YGIENE
CERTIFICATE OF DEATH	

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1.088	1.	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG	REG. NO.	EST
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deoth deoth		ELS	IE PERKI	NS HAR	RIS	MARCH	23, 1985 645 M
od .	3 SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
sof	1	FEMALE	BLACK	5	21 1911	73 YI	The state of the s
17		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
49		NNSYLVANIA	U. S. A.	WIDOW		ANNE ARU	MDEL COUNTY MD.
	P.C	GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE!	TREET ADDRESS)	OR OTHER INSTITUTION SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKH NURSE	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY PROVIDENT HOSP
20 9	Ula.	AL RESIDENCE (IF NURSING HONE CONTACT	PROTHER INSTITUTION GIVE RESIDENCE		1 13d INSIDE CITY LIMITS?		ODE 4518 St. Georges
30		MARYLAND		IMORE	YES NO	Ave. Baltimore	Maryland 21212
DA	M. E.	ATHER'S NAME	MIDDLE LASI		15 MOTHER'S MAIDEN NA		
200	ν	Raleigh		kins	Nellie	MIDDLE	Quey
0 10		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADD4518	St. Georges Avenue
14	1	No.	220-30	-5636	Dr. Thomas W.	. Harris Balt:	imore, Maryland 21:
2		18 CAUSE OF DEATH (Enter of	only one couse per line for 10), (b	ond ici.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent			only one couse per line for 101, (b ED BY: ATE CAUSE (o)	e Rem	Liston Frik	ure	2 1
ol, cremotion, or other troumo		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	b) DUE TO, OR AS A CONS		notation Fris	rian Cancer	zgen
ior to burs	ATION	PART 2 OTHER SIGNIFICANT SEV 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING ANEMA 196 CONDITION FOR W	_		200 AUTOPSY? 200. IF	GIVEN IN PART TO
giene pri	CERTIFICATION			THE OPERATION	ON WAS PERFORMED		PRTIFYING CAUSES OF DEATH? YES NO NO
hem 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	R	RED (ENTER NATURE OF INJURY IN ITEN	118 PART I OR PART 2)
ked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
mor			oital) attended the deceased fr	om	-/3 19 85		. 19 P that (I) (we) lost
of He		sow the deceased alive a	3-22	()	and that in (my) (our) opinion	deoth occurred on the dote and	hour and from the causes stated
e Dept.		22b. SIGNATURE	or view the body ofter death		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
with the Stote		224 PHYSICIAN'S NAME (TYPE	(PRINT)			845 OAKWOOD RO	
t de la		IONG S. H	SIL M.D.		CLEN DI	DNIE MADYLAND	
5 ≤ 1		JURIAL, CREMATION, REMOVA SPECIFY)			CEMETERY OR CREMATORY	m. 23d. LOCATION CHYOR TOWN Crownsville	COUNTY Maryland
	24 F	Burial			ille Veterans	E REC'D. BY REGISTRAR 256. RE	
M 7/84		Witter & Sons	2501 Gwynns		L CLESCOTO J		- investor Pandelle
5, 4)	Fu	neral Home, Inc	. Baltimore, I	darylan	0 51510 141/	11 2 1 1300 1/	I will will be

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Note: Description of the communication of the commu

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5		frer death
	deoth. Poge	The second
ID 21201	24 hours after death. Page 4 may be	lled in by the

ond campletely fi

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and constant be detached for use as the burial-tronsit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or fleam 8 shows any injury, or other traumatic event, the medical

executed within

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or ottending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTI	FICATE UF	DEATH	REG.	NO.		
1		CEASED NAME	FIRST	A	AIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
-	(TYPE	Char	lotte	E	Elsbett	5 1	HAWKi	ns	MArch	24.	1985	1440 M
	3. SE)			RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
	F	emale		CAU.		Jul		1921		64 YRS.	MONTHS DAYS	HOURS MIN.
d		RIHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	ED NEVER	MARRIED 🗍	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
		rermany		USA	Mar.	WIDOW		IVORCED	Anne	Arur	Isbi	MD.
1	10. CI	TY OR TOWN OF DEA	тн П	(IF NOT IN SUCI	H FACILITY, GIVE S	JRSING HOME	. 1		120. USUAL OCCUPA	T OF WORKING		OF BUSINESS OR
4	USUA	AL RESIDENCE (IF NURSI	NG HOME OR OT	HER INSTITUTION		H CM Y BEFORE ADMISSIONI	Hospi	TAI	Home mit	rer		4
5	13a. S	aryland	13b. COUNTY	1 (1	13c. CITY OR		136 INSIDE C	NO VI	13e STREET ADDRES	Dakwoo	nd Driv	1037
		THER'S NAME		trundel	Payer	UNI		S MAIDEN NA	ME	100000		
1		PAU	MIC	DDLE	WAC	homuth		harlott	WIDDLE		LAS	ST
1		VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17. INFORMA		ADD	RESS 208	Oakwee	d Drive
	(1	LES HOOFHINKHOMH)	(IF YES, GIVE W	VAR OR DATES)			Husban	1 - Roy	Hawkins -	Edge	ewater 1	mp 21031
9		18 CAUSE OF DEATH	(Enter only	ane cause per	line for (a), (b), ond (c1.)						ONSET AND DEATH
		PART I. DEATH W.	AS CAUSED I	BY:	Hepat	/	COMA				2	days
		7,7973	MINTEDIALE			EQUENCE OF					- 1	
1		Conditions, if any,	which	((b)	LAnn		Circho	sis			10	Years
		gove rise to imm	rediote),		EQUENCE OF						
1		underlying cause last. (c) Ethano							30	YEARS		
		PART 2. OTHER SIGN	IIFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	0)
	ě								Court Sale			
1	CERTIFICATION	190. DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?		ES, WERE FINDING		
	RTIF	MA						YES NO	Y	res 🗌	NO 🗌	
		210. ACCIDENT WAS UND		110110 4 4	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURS				RED (ENTER NATURE OF IN	JURY IN ITEM 18	, PART 1 OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDIC		P.A	М.	19						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE C		FICE, FARM, ETC.)	211 LOCATE		CITY OR	TOWN	COUNTY	STATE
	_	AT WORK NOT WHI										
		220.1 certify that (1)	(this hospital) attended the	deceased fr	om 20	march	19 85		mul		that (1) (we) lost
		sow the decease above, (1) (we) (d	d alive an <u> </u>	riew the body	after death.	19		(our) apinion (death accurred on the	date and ha	iur and from the	couses stated
		22b. SIGNATURE	- 0	2 12		CPTU	DEGREE	ATTENIONIO	MEDICAL 67	455	22c. DATE	
		-			cee o	7 10			MEDICAL ST DIRECTOR PHYS	AFF SICIAN X	24m	AR 1985
		22d PHYSICIAN'S NA					22e. ADDRES	SS				
		AMERIC		1. Br		CPT MC	Kimbi	rough F	army Hospi	tal 8	H. MEHD	r MD
		SPECIFY)	REMOVAL	23b. DATE	/ _	23c NAME OF	CEMETERY OR	CREMATORY	231. LOCATION CITY OR TOWN	0	COUNTY	STATE
		Crematio	4	3/25.	185	Leda	R. HIL	/	Suitan	1	P.G.	mn
	24. FU	JNERAL DIRECTOR	1/11	1	MT/APDR	ess / e	Α	25a. DAT	E REC'D. BY REGISTRA	R 258 REGIS	MANS SIGNAT	UREdie
	1 4 .	11 A La 4	11 / / /		/~ / / I	. 4 . 6 /	//	/ DAY	K / O MOS	MT 1		10

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completely filled in By the film.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE

0	6	Ó	3	day
"And	-			,

REGISTRAR				CERTIF	ICATE OF DEATH		REG N	0				
1. DECEASED NAME FIRST		MIDDLE			AST	2a DATE	2ª DATE OF DEATH MONTH DAY YEAR			26 HOU	IR	
FEORPRINI	HAZEL	E	BUCK	HAYM	AN	MAR	CH 1	, 198	35	4 6	PN	
					OCT. 14, 1895			IN		IF UNDER	24 HRS MIN.	
VIRGINIA		CITIZEN OF WHAT COUNTRY?		8 MARRIE	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY O					
ANNAPOLIS		ANNAPOLIS CON		IVALESCENT CENTE		TERTYPE HO	OCCUPATI MEMAK	ON FWORKING LIFE ER	126. KIND C INDUSTRY	F BUSINE		
ARYLAND A	I 136 COUNTY NNE AR	UNDEI	GIVE RESIDENCE BEFOR	FAPOL			B ^{ad} Hon	EWOOI) LANE	214	401	
		TER BUCK			NIN ARST					ELLY LAST		
WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED (IF YES, GIVE WAI	FORCES? R OR DATES)			17. INFORMANT BARBARA	HANNAH			13E			
	AS CAUSED BY	(:	Brein	atu.	lus		- 1		BETWEEN	MATE INTERV	VAL DEATH	
gove rise to imm cause (a), stating underlying cause	nediote ng the lost.	(b) DUE TO, OF	R AS A CONSEOU!	ENCE OF	NOT RELATED TO THE	TERMINAL DISEA	SE OR CON	DITION GIVE	EN IN PART 3 (d	31		
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		196. CONDI	TION FOR WHICH	OPERATIO	PERATION WAS PERFORMED		IN CERTIFY			ING CAUSES OF DEATH?		
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.				AY YEAR	21c. HOW INJURY OC							
WHILE IT NOT W	HILE [FARM, ETC.)	211 LOCATION STREET	4//=	CITY OR TOW	/N	COUNTY	STA	ATE	
220.1 certify that (1)	4	1 -		, a								
Alu	utoli	···	an	>	ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAF		3/2	16-5		
	FECASED NAME PEOR PRINTI EX FEMALE BIRTHPLACE STATE OR P COUNTRY) VIRGINIA CITY OR TOWN OF DE. NA POLIS JALRESIDENCE (IF NURS STATE A RYLAND A ATHER'S NAME JAMES WAS DECEASED EVER (YES NOOR UNKNOWN) 18. CAUSE OF DEAT PART 1. DEATH W Conditions, if ony gove rise to imm couse (o), stoft underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE AT WORK 22a. I certify the (1) sow the deceose obove. If we'l is we'll sow the deceose obove. If we'l is we'll we'll sow the deceose	FECRASED NAME PEORPRINT] HAZEL EX FEMALE C BIRTHPLACE STATE OR FOREIGN VIRGINIA CITY OR TOWN OF DEATH NNAPOLIS A JALRESIDENCE (IF NURSING HOME OR ONTY) STATE ATHER'S NAME JAMES HUNT ATHER'S NAME JAMES HUNT 18. CAUSE OF DEATH (Enter only or PART 1. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CON 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify the (1) (this hospital) sow the deceased olive on obove. If we led olive on obove, if we led olive on obove.	FECASED NAME PEOR PRINT] HAZEL EX FEMALE CAUCAS BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) VIRGINIA U.S. COUNTRY) VIRGINIA U.S. ANNAPO ANNAP	FECRASED NAME FIRST MIDDLE PEOR PRINT] HAZEL BUCK EX FEMALE CAUCASIAN BIRTHPLACE ISTATE OR FOREIGN COUNTRY) VIRGINIA U.S.A. CITY OR TOWN OF DEATH NNAPOLIS ANNAPOLIS ANNAPOLIS ANNAPOLIS JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE STATE ARYLAND ANNE ARUNDE I COO.ANN ATHER'S NAME JAMES HUNTER BUCK WAS DECEASED EVER IN U.S. ARMED FORCES? (VES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) LOCALISE OF DEATH (Enter only one couse per line for (o), (b), or PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o): DUE TO, OR AS A CONSEOU CONDITION OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCUSE OF INJURY HOUR A.M. MONTH D. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 194 DATE OF OPERATION 216, INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 199 DOT WHILE AT WORK 190 Contributing Cause of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. I Certify tho (1) (this hospitol) ottended the deceosed from Sow the deceosed of live of Obove, 1) weil (did id did not view the body ofter deoth.)	ECEASED NAME FROM PRINTI HAZEL BUCK HAYM HAZEL BUCK HAYM CAUCASIAN CTT. S. DATEC CAUCASIAN CTT. BIRTHPLACE ISTATE OR FOREIGN COUNTRY: VIRGINIA U.S.A. WIDOUT WIRGINIA U.S.A. WIDOUT WIRGINIA U.S.A. WIDOUT WILL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) STATE JAMES JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) STATE JAMES HUNTER BUCK WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LOUGH TO, OR AS A CONSEQUENCE OF PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF UNDERTON OR WHICH OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 194 CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION (IF YEAR) 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION 210, TIME OF INJURY (IF HIPE, NOTIFY MEDICAL EXAMINER) 210, INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AND A POLITY MILE SOUTH OF THE MAJE	TECEASED NAME FIRST MIDDLE LAST HAZEL BUCK HAYMAN EX FEMALE CAUCASIAN OCT. 14 AN 18 YEAR FEMALE CAUCASIAN OCT. 14 AN 18 YEAR OUTT. 14 AN 18 YEAR FEMALE CAUCASIAN OCT. 14 AN 18 YEAR OUTT. 14 AN 18 YEAR WIDOWEN DEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NO OUTT. 18 YEAR OUTT. 18 YEAR OUTT. 18 YEAR OUTT. 18 YEAR OUTT. 19 AN 18 YEAR OUTT. 18 YEAR OUTT. 18 YEAR WIDOWEN DEVER MARRIED NO OVER SINGER ADMISSION AND POLIS AND POLIS	RECASED NAME FROT MIDDLE LAST 70 DATE OF PRINTING PROPERTION 196 CAUCASIAN MARKED AND COUNTRY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REG NAME FECASED NAME FECASED NAME FECASED NAME FECASED NAME FEMALE CAUCASIAN CAUCASIAN CAUCASIAN CAUCASIAN CAUCASIAN CAUCASIAN CONTROLL FEMALE CAUCASIAN CAUCASIAN CONTROLL FEMALE CAUCASIAN CAUCASIAN CONTROLL FEMALE CAUCASIAN CAUCASIAN CONTROLL FEMALE CAUCASIAN CAUCASIAN CAUCASIAN CAUCASIAN CONTROLL FEMALE CAUCASIAN CAUCASIAN CAUCASIAN CONTROLL FEMALE CAUCASIAN CAUCASIAN CONTROLL FEMALE CAUCASIAN CAUCASIAN CONTROLL MARRIED NEVER MARRIED SECTION MARCHED ANACH 1 SAME OF BURK SAME ANNE ARU LIVER MARRIED NEVER MARRIED SECTION MARCHED ANACH 1 SAME SUMMARRIED NEVER MARRIED SECTION ANACH 1 SAME SUMMARRIED NEVER MARRIED ANNE ARU LIVER MARRIED NEVER MARRIED SECTION MARCHED SECTION MARCHED ANACH 1 SAME SUMMARRIED NEVER MARRIED NEVER MARRIED ANNE ARU LIVER MODORE COUNTRY NO LIVER MODORE ANNE ARU LIVER MARCHED ANNE ARU LIVER MARRIED ANNE ARU LIVER ANNE ARU LIVER MARRIED ANNE ARU LIVER ANNE ARU LIVER MARRIED ANNE ARU LIVER MARRIED	RECASED NAME FROM PRISH HAZEL BUCK HAYMAN MARCH 1, 198 EX FEMALE SUCK HAYMAN MARCH 1, 198 EX FEMALE CAUCASIAN COTT. 14, 1895 89 yrs BIRTHPLACE STATE ORIFORCH 16, CITIZEN OF WHAT COUNTRY? 14, 1895 89 yrs BIRTHPLACE STATE ORIFORCH 16, CITIZEN OF WHAT COUNTRY? 18, MARRIED NEVER MARRIED NEVER MARRIED ANNE ARUNDEL CITY OR TOWN OF DEATH 11. 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DHMH - 16 60M 7/73 (VR A 15 (4))

24 FUNERAL DIRECTOR ROBERT E. E. EVANS

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WIR D. P. W. San Land St. C. O. R. W.

STATE OF MARYLAND 6655 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN W MONTH 2b HOUR (TYPE OF PRINT) OF ESTIevviTI YOUR FILES. IN 72 HOURS NON STREET. DEATH MATED IAM 19 4 RACE AGE (IN YEARS IF UNDER 1 YR. . DATE OF BIRTH IF UNDER 24 HRS 2€ DATE 2d HOUR MONTH LAST BIRTHDAY) PRONOUNCED 185 DEAD 15 NECESSAR TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY Albany U.S.A. N.Y. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION U.S. PatentOff U.SGovt. IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e_STREET ADDRESS NO YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDD1 LAST FIRS1 MIDDLE FIRST William Merritt Clara Henry E. Dennison 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO ADDRESS DR LINKNOWN) LIF YES, GIVE WAR OR DATES! 3669 First AVe. Edgewater, Md. 529-09-6445 Audrev P. Henry 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b) and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEMPREE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO TUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGER BAD MARYLAND, 21201 PRIOR TO BURIAS, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WRITING THE MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection . 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian death resulted from Natural causes Undetermined manner Accident Suicide Hamicide (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Davidsonville Burial 3/9/85 Lakemont Cemeterv Md. BP 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR **DHMH - 17** ADDRESS ilia Davidson Hardesty Funeral Home

Ann. Md.

(VR A15 ME (5)) 20M 4/82

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the buriol-transit permit. Then please emperements of Health and Mental Hygiene prior to buriol, crimination, or emperal.

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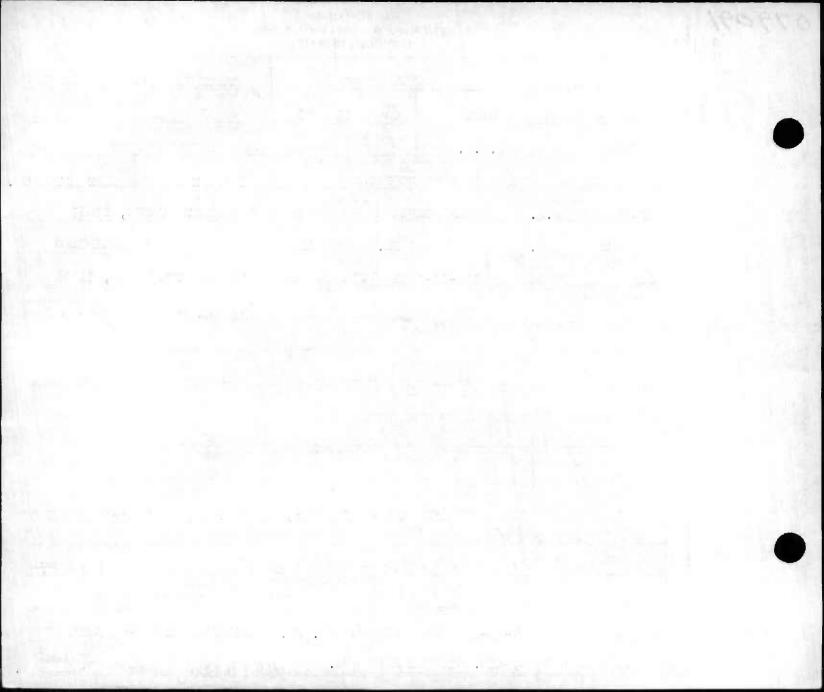
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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1	FOR STATE REGISTRAR			DEPARTI		ICATE OF DEA		REG. NO).	0 0	EST
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10 C	ITY OR TOWN OF DEA	ATH		OSPITAL, NURSIN		OR OTHER INSTITU	TION	120 USUAL OCCUPATION		126 KIND C	F BUSINESS OR
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	gave rise to imit cause (a), statir underlying cause	mediate	DUE TO, OI	RAS A CONSEQU	ENCE OF						
N	PART 2 OTHER SIG	NIFICANT		INTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONI	ITION GIVE	N IN PART 1	0
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	206 AUTOPSY?		WERE FINDING CAUSES	
AL CER	216. ACCIDENT WAS UNI	CAUSE OF DE	AIN	M. MONTH D	AY YEAR	21c. HOW INJUR	Y OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
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	226.1 certify that (1) saw the deceas above, (1) (we) ((this hasp	3-13	19_	3-1) apinian d	eath accurred on the do			that (I) (we) last causes stated
	226. SIGNATURE	/	7)		0	DEGREE		2,500		22c. DATE	SIGNED
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н	IBBARD FUNI	ERAL 1	HOME, IN	C. 4107 T	JILKEN	IS AVE.		40 4 E 400E	" ,	Tourselemen	Mandall



requires that the death certificate be executed within 24 hours often DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked at

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR
- STATE
REGISTRAR

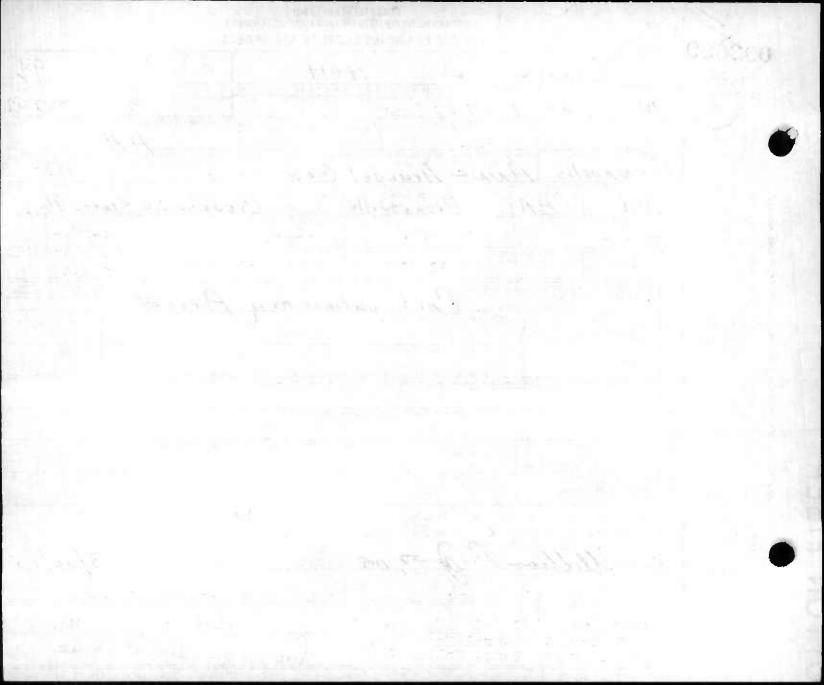
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		CEASED NAME Sophio	m."	Holm	es las	T		rch 29, 190		YEAR	2b. HOU	0P
ł	3. SEX	(4 RACE		5. DATE OF	BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)		DERIYEAR	IF UNDER	24 HRS
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4		Balto. Md.	u.s.	A.	WIDOWED	DIVORCED		nne Arund				MD.
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	14 FA	THER'S NAME Joseph Ziemb	WIDDLE	LAST	1	5. MOTHER'S MAIDEN	n Rial	WIDDLE		IAST	r	
Ī		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	7. INFORMANT	L DAUX	ADDRESS			2/	20%
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ı		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b. and	0 0		B	An.	0	BETWEEN	MARE INTER	VAL
ı		PART I. DEATH WAS CAUSE IMMEDIA	D BY: [E CAUSE (o)	~	<u> </u>	Mung	45	Sau	464			
			DUE TO, OR	R AS A CONSEQUE	NCE OF		U					
ı		Conditions, if ony, which gove rise to immediate	(b)				1988					
ı		couse (a), stating the underlying cause lost.	DUE TO, OR	R AS A CONSEQUE	NCE OF							
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	z	PART 2. OTHER SIGNIFICANT (CONDITIONS <u>CC</u>	NIKIROLING TO D	EATH BUT N	OT RELATED TO THE T	ERMINALDIS	EASE OR CONDINO	n given in	IPARI 10)	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATION	WAS PERFORMED	70a 4		IF YES, WEI			
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1		saw the deceased alive on above, (I) (we) (did) (did no	t) view the body	ofter deoth.		that in (my) (our) apir	nion death occ	turred on the date or				ited
		22b. SIGNATURE	me	_		EGREE ATTENDIN PHYSICIAI		CAL STAFF TOR PHYSICIAN		4	18	2
		SI AN	EY S	norri	SON	22e ADDRESS	EC	heese	St			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

wirdson-pandale

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FOR - STATE REGISTRAR MIDDLE 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME FIRST (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) UNDER I YEAR IF UNDER 24 HRS. 4. RACE 5 DATE OF BIRTH 3. SEX 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED runde and WIDOWED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE-OF WORK FOR MOST OF WORKING LIFE Hone Hrundel po" USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2103 13a STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? hipouras YES 🗍 NO M gewa 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE owand ADDRESS Cime 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING JO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART LIA PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. IF YES, WERE FINDINGS USED ISE DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES: NO [] 216 TIME OF INJURY THE HOW INJURY OCCURRED LENGTH NATURE OF HOUSE IN THE 18 PART I OR PART TO THE ACCIDENT WAS UNDERLYING [1] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF STHER NOTIFY MEDICAL EXAMINERS TH. LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY COUNCY STATE CITE OF TOWN STREET AT HOME STREET, FACTORS OFFICE FARM ETC.) HOT WHILE E 27a.1 certify that (1) (this baspital) after the december from saw the deceased alive an above, (1) (and (did not) view the body after death and that in (my) least opinion death occurred on the date and hour and from the cause stated 176 SIGNATON GREE TIL DATE SIGNED ATTENDING MEDICAL PHYSICIAN TO DIRECTOR STAFF DIRECTOR PHYSICIAN 71* ADDRESS angare Capes 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN nnapo

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15, 201 W. PRESTON ST., BALTIII uires that the death certificate be signed by the ottending physician en please remove corban papers. buriol, cremation, or removal ury, or other froumatic event, the	Z	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C. IMM6 Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los PART 2 OTHER SIGNIFICATION COURTS (COURT)
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		CEASED NAME OR PRINT) X	MES J	ames A RACE White-	Ale:	s DATE C	AST Hutchison TCHISON DF BIRTH	6. AGE (IN YEARS LAST BI	MO	-85	2b HOUR	М
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3		Maryland ITY OR TOWN OF DEA INDEADLES	тн	11. NAME OF I	H FACILITY, GIVE ST	TREET ADDRESS)	DROTHER INSTITUTION Hospital	Anne Aru 12a USUAL OCCUPAT (IYPE OF WORK FOR MOST Carpenter	OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINES	MD.
5	13a. S	AL RESIDENCE (IF NURS STATE STATE STATE STATE NAME	13% CON	OTHER INSTITUTION	GIVE RESIDENCE B 13c. CITY OR 1 Cheste	IOWN	13d INSIDE CITY LIMITS? YES MO		ZIP CODE	2161	9	
	100	lomer Mille		chi son	LAST		Dina Asc	MIDDLE		LAST		
7	16a V	VAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. AR		166 SOCIAL S	6-5371	17 INFORMANT Lula Mae Hu	ADD		abov	е	
	TION	Conditions, if ony, gove rise to imm couse (0), stoting underlying couse	which nedicte g the lost	DUE TO, OI	R AS A CONSE	EQUENCE OF	NOT RELATED TO THE TERM			NIN PART TO		
	CERTIFICATION	NON	1R_	The same of the sa		HEH CPERATIO		78e AUTOPSYT	IN CERTIFY1	WERE FINDING NG CAUSES (OF DEATH	!?
200	MEDICAL CER	The ACCOPAT WAS UNDO OR CONTRRUCTION OF CONTROL OR ESTIMATION OF CURR WORLD AND WORLD AND	AUSE OF DEA ALTEXAMINER ED LE D	21e PLACE	M, MONTH M, OF INJURY HET FACTORY OF	19 PICE FARM STE I POP 9 8 7 , GET	211 LOCATION 211 LOCATION 19 85 and that in (my) jour) apinion DEGREE	create security or early control of the control of the control of the control on the control of) MSC 19	600MTY	100	teol (s
1		22d. PHYSICIAN'S NA PRTAN	ME (TYPE OF		0B1	1	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	CIAN	32	2.82	10
	23a 8	BURIAL, CREMATION, F SPECIFY Burial	REMOVAL	23b. DATE 03/26	/85	Woodlas	emetery or crematory on Cemtary	23d LOCATION CITY OF TOWN Easton	Ta	county lbot	MD	ΙE
	24 FL	NERAL DIRECTOR	26	En. (22)	ADDRE ADDRE	55	BOX 66-B 250. DA	TE REC'D. BY REGISTRAL	256 REGISTRA	AR'S SIGNATU	RE ndelle	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGH

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ND		

1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MI			G. NO.	0 0	
	CEASED NAME	FIRST	N	NIDDLE	L/	AST		20. DATE OF DEAT	H MONTH DA	Y YEAR	2b. HOUR
(TYPE	OR PRINT)	elen		E.	Hu	tson		March .	22, 1985	Link	м
3. SE		4. 8	ACE		5. DATE O			6. AGE (IN YEARS LAS		FUNDER 1 YEAR	IF UNDER 24 HRS
1	Female		Whi	te	Oct.	12, 7912	2 YEAR	72	YRS.	DNTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 7b. 1	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	ODIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
	aryland		USI	4	WIDOWE		DRCED DC	Linthi	cum. A.A	1.Co.Md	MD.
10 C	ITY OR TOWN OF DE	ATH 11.	NAME OF H	OSPITAL, NURSIN FACILITY GIVE AREIT				12a USUAL OCCUP 1 TYPE OF WORK FOR MO 2 Earns	PATION OST OF WORKING LIFE) TRESS	ix kind o industry	n - Katz
13a. S	al residence (# NUR: STATE anyland	131 COUNTY	ER INSTITUTION	136. CITY OR TOW Baltima	N	-	40 🗌		SS/ZIP CODE	Balto.	Md. 21230
14. F.A	ATHER'S NAME Enrest	MIDE	U.E	Weilar	nd	15. MOTHER'S	ohanna	MIDDI		Neub	ent
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED		215-22-	6173	17. INFORMAN A Mr. G.	T	AC	W.Maple	Rd.Li	Md.21090 nthicum,
	Conditions, if ony gave rise to imicouse (a), static underlying cause	mediate ng the	(6)	AS A CONSEQUE	+6	and Ceel	mad	nome	a.	500	T 1981
Z	PART 2 OTHER SIG	NIFICANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART 10	
CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	IGS USED OF DEATH?
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH D.	AY YEAR	21c. HOW INJU	JRY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE [21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION	٧	CITY C	OR TOWN	COUNTY	STATE
	22a I certify that (I) sow the deceas above, (I) (we) (-	(this bospital)	3//	10	8.5, on	id that in (my) (c	19 7/	death occurred on the	, 1 ne dote and hour	and from the	
	22b. SIGNATURE	est	T &	los	M E	PH	TENDING X	MEDICAL DIRECTOR PH	STAFF YSICIAN []	3/2	J/85
	22d PHYSICIAN'S N	AME ITYPE OR PRI	NI)	= BC)	22e ADDRESS	Pu	3001	aNOV.	213	230

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached MPORTANT: If He

> Burial 24 FUNERAL DIRECTOR Mc ulty Funeral Home, 130 E. Fortes Ave. Balto. Md.

Mar. 26, 1985

23b. DATE

230 BURIAL, CREMATION, REMOVAL

23d LOCATION
CITYORTOWN
Batimore, edar Hill (emetery

Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
MAR 2 7 1985

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

retained by the hospital or attending physician.

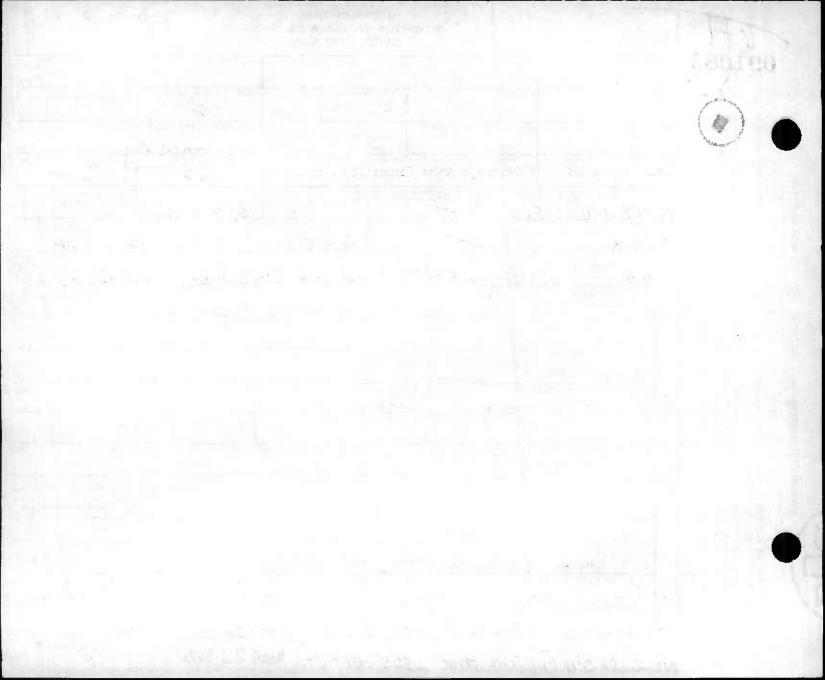
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.	
	CEASED NAME FIRST MELVIN JAN	2051NSKI	LAST	I. DAIL OF BEATT	MONTH DAY YEAR 03 19 85	26. HOUR 727
3. SEX	M	4. RACE	5. DATE OF BIRTH MONTH DAY Feb 19 1919	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	
C	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF		M
	t Meade, Md		Community Hospital	12a USUAL OCCUPATION	ON 126. KIND	OF BUSINESS O
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY I3c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	SMEY FOF	2114
FI	RANK RANK	MIDDLE	15. MOTHER'S MAIDEN NA FRANCI'S	WIDDLE	BWLI	kA
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECULAR OR DUTES) WE WAR OR DUTES) 214-14-3	17. INFORMANT 1973 MARTHA JA	AROSINSKI	1653 1/3	my R
	PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b), on ED BY: TE CAUSE (a)	l'afulmonary	arrest	APPRO BETWEE	NIMATE INTERVAL NONSET AND DEATH
CERTIFICATION		TENSION :	ENCE OF DEATH BUT NOT RELATED TO THE TERM DIABETES MELLITU OPERATION WAS PERFORMED	NINAL DISEASE OR COND	206. IF YES, WERE FIND	INGS USED
Z E				YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
	sow the deceosed alive or	ntal) ottended the deceased from	, and that in (my) (our) opinion	, 10		, that (I) (we) la e causes stated
	226. SIGNATURE COVARD	Lawrence for	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F 19	ESIGNED March 8
	SWALD LA	WRENCE HAYE	1220. ADDRESS // LIMIBROUGH	Anny Hos	PITAL FT.1	YEADE
230. B	BURIAL, CREMATION, REMOVAL	3/23/85 P	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF JOWN	Md	STATE
KA	UNERAL DIRECTOR	INERAL HOME 2	535 HEET St. M	AR 22 1985	251 REGISTEAR'S SIGN	Thendall.

DHMH - 16 50M 4/82 (VRA 15, 4)

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Sennen	
10/1	
5 £	1.
080098	3.
35	70
1 1 64	10
24 hours	U
100	14
De execute The Pages 1 -	16
the law requires that the death certificate be executed within 24 hours after distance by the attending physician and completely filled in by the full tearm. Then please remove corbon again. Pages 1 and 2 should be filled with semi prior to buriol, crementer, or removal. Seek day, injury, or other trainmatic event, the medical engine.	
the law equires that the death certificate has been signed by the attending physic to permit. Then please remove corbon page ere prior to buriol, crementer, or employed event the event and day injury, or other trainmatic event.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGHENE

2	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	REG. NO).		EST	
		CEASED NAME FIRE	T T	MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR	_
	(TYPE	OR PRINT) HENR	y N	1N	JOHAN	ISEN	MARCH 15	. 198	5	1:55 P	м
	3. SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HR	-
	40	MALE	WHITE		JUN		64		MONTHS DAYS	HOURS MIP	k.
7	7a B1	RTHPLACE (STATE OR FOREIG	N 75 CITIZEN	OF WHAT COUNTRY	/2 8		9 BALTIMORE CITY O	TINO.	OF DEATH		_
)		COUNTRY)				D NEVER MARRIED DIVORCED	ANNE ARUI	DEL C	OUNTY		
	10 CI	MARYLAND TY OR TOWN OF DEATH		.S.A. OF HOSPITAL NURS	WIDOWE	OR OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS C	AD R
H		LEN BURNIE		SUCH FACILITY, GIVE STRE		CDTTAI	(TYPE OF WORK FOR MOST O	F WORKING LIFE		WDDC	
4		AL RESIDENCE (IF NURSING HO				/SFIIAL	TECHNICIAN		MONT. V	VARUS	_
5		STATE 13b.	COUNTY	13c CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			22	
F	14 5 4	MD THER'S NAME	A.A.	PASADENA		YES NO X	11 Melvill	e Roa	ad 2112	22	_
1		FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS		
4		JENS VAS DECEASED EVER IN U.	PETER	JOHANS 166, SOCIAL SEC		MARGARET	ADDRE	55	NELSON	N	_
			ES, GIVE WAR OR DATES		CURIT NO.	17 INFORMANT (WIFE	5)				
		YES	WII	218.09.43	45	PHYLLIS F. JOHA	NSEN SAME	E AS 13			_
		18 CAUSE OF DEATH (En	ter only one cause			. 20 - 1: 1	2 11	0	BETWEEN	MATE INTERVAL ONSET AND DEAT	н
			EDIATE CAUSE (a)	aut	e m	gooran	antich	on .			_
			DUE TO	OR AS A CONSEQ	UENCE OF		anteres Cordia e				
		Canditians, if any, whi		WIG	Ke	consent	Correct and	-			_
		gave rise to immedia cause (a), stating t	he DUE TO	OR AS A CONSEQ	UENCE OF	Correcte					
		underlying cause la	st. (c)			1, 062					
	N	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVI	EN IN PART 110	D.	
	CERTIFICATION	190 DATE OF OPERATION	19b CO	NDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN		_
7	E .	DEVENOUS PROPERTY.					YES TO NOT		YING CAUSES	OF DEATH?	
0	E .	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIM	E OF INJURY		21c HOW INJURY OCCURE					
1		OR CONTRIBUTING CAUSE	OF DEATH	A.M. MONTH							
	MEDICAL	(IF EITHER, NOTIFY MEDICALEX 21d INJURY OCCURRED		P.M. CE OF INJURY	19	211 LOCATION					-
	×	WHILE NOT WHILE	(AT HOME	STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (I) (this	baltal) attender	the deceased from		-1- 10 8 (311		10 8-1	that (I) (well	-
		sow the deceased all		19		nd that in (my) (aur) apinian	death occurred on the do	ate and hour		Area	, 31
7		abave, (1) (we) (did) (c	did not) view the bo	ady after death.		DEGREE			22c. DATE		
		TIB. SIGITATORE	0	2	1	ATTENDING	MEDICAL STAF	F	21,	~/c1	
-		224 PHYSICIAN'S NAME	ATMOS CON BRIDGE	/			DIRECTOR PHYSIC		T T C PT T	3/02	_
				IEV M D			BALTIMORE-A			/D.	
			S. SAWHI				BURNIE, MAF	YLAND	21061		_
		BURIAL, CREMATION, REMI	OVAL 23b. DATE	23	c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	24.5	BURTAL	MARCH	19,1985 G	TEN HAVE	N MEM. PARK	GLEN BURNIE		A.A.	MD.	_
	24 FL	UNERAL DIRECTOR	BUN	1000 ADDRESS		ZSa DAT	E REC'D. BY REGISTRAR	1 4.	RAR'S SIGNAT	20 0	
		SINGLETON FUNER	AL HOME GL	EN BURNIE, N	4D 21061	L MA	K 1 9 1985	THE PARTY OF THE P	- 100,007 0- P	110-0-0	

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEESSARY PLASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNDE ADDICTOR PAGE 4 SHOULD BE FORWARDED TO THE PUHER MEMORIAL EXAMINATION.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTI		ME		IER'S CERTIFICA		KL	G. NO.	
1. DECEASED (TYPE) R PRINT 3. SEX	REK A	S. DATE OF BIRTH	MIDDLE OF AGE (IN YE LAST BIRTHD.		SUA) INDER 24 HRS. 1	OF ESTI- DEATH MATE		19 19 H DAY
Male 7a. BIRTHPLA: FOREIGN COI	INTRY)	8 13	65 19 Y	RS. B MARRIED NEVER	MARRIED 🙀	DEAD D. BALTIMORE C	TITY OR COU	24 15
in city or to	MD OWN OF DEATH olis	11 NAME OF HOS	SA SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) Riva Road	WIDOWED DE, OR OTHER INSTITUTION		Anne A AL OCCUPATION OST OF WORKING LIFE	Y (TYPE OF WOR	
USUAL RESID 130. STATE MD	ENCE (IF IN NURSING HOME O		130 EYPETOR ADMISSI PA	rk 13d. INSIDE CITY LI		et ADDRESS O Balt:	imore	Annap
Euge			Ohnson	Mar	and the second s	MIDDLE	G.	reen
(YES, NO, OR		WAR OR DATES)	220-92-2		ohnson			Annar
go	nditians, if ony, which we rise to immediate use (a) stating the <u>under-</u> ng couse last.	(b) DUE TO, OF	AS A CONSEQUENCE (of Lettes	- ua	en ho	lled	
go co lyi PART 2 (ve rise to immediate use (a) stating the <u>undering couse last.</u>	(c)				en to	Lled	
go co lyi PART 2 (ve rise to immediate use (a) stating the <u>undering couse last.</u>	(c)CONTRIBUTING TO DEATN	BUT NOT RELATED TO THE TERM	OF	EN IN PART 1 (g).	en ho	LL	20 AUTO
PART 2 (10 EX)	ve rise to immediate use (a) stating the undering cause last. THER SIGNIFICANT CONDITIONS TE OF OPERATION TERNAL CAUSE WAS LYING OR IBUTING CAUSE OF I	CONTRIBUTING TO DEATM 196 CONDI 216 TIME O HOUR A.A. DEATH P.A.	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR	OF AINAL DISEASE OR CONDITION GIV RATION WAS PERFORMED R 21c HOW INJURY OC	EN IN PART 1 (a).			70 AUTO
PART 2 (COVIDER CONTINUED	THER SIGNIFICANT CONDITIONS THER SIGNIFICANT CONDITIONS TE OF OPERATION TERNAL CAUSE WAS LYING OR BUTING CAUSE OF E BUTY OCCURRED NOT WHILE	CONTRIBUTING TO DEATH 196 CONDI 216 TIME O HOUR A.A DEATH P.A 216 PLACE	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR	OF AINAL DISEASE OR CONDITION GIV RATION WAS PERFORMED \$11. HOW INJURY OC	EN IN PART 1 (a).		IEM 18 PART I OR	70 AUTO
WEDICATON AMEDICATION 100 DV 110 EXT 100 DV 110 IV WHITE AT MC 210 X	TERNAL CAUSE WAS LYING OR URY OCCURRED NOT WHILE AT WORK Lettify that I took charg	(c)	TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, TORY, FARM, ETC.)	AINAL DISEASE OR CONDITION GIVE RATION WAS PERFORMED 211. LOCATION STREET Autopsy In Hamicide Hamicide	CURRED (ENTER N	ature of injury in 11	IEM 18 PART I OR	70 AUTO YES
WEDICATON AMEDICATION 100 DV 110 EXT 100 DV 110 IV WHITE AT MC 210 X	TE OF OPERATION TERNAL CAUSE WAS LYING OR BUTTING CAUSE OF E URY OCCURRED ORK NOT WHILE AT WORK I certify that I took charg	(c)	TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, TORY, FARM, ETC.)	AINAL DISEASE OR CONDITION GIVE RATION WAS PERFORMED REPORTED FOR THE REPORT OF THE RE	CURRED (ENTER N spection X, Undete	ATURE OF INJURY IN II CITY OR TOWN Inquiry	TEM 18 PART I OR	20 AUTO YES PART 2)
PART 2 CO Iyi PART 2 CO IYI IPO. DA 21d. EX CONTT 21d. IN. WHILE AT WC 22d. death ACTUA SIGNA EXAMII (TYPE CO	TEOF OPERATION TERNAL CAUSE WAS LYING OR BUTING CAUSE OF E URY OCCURRED ORK AT WORK I certify that I took charg resulted from: Natur URE SIGNIFICANT CONDITIONS LUTTOR OR OF E URY OCCURRED ORK AT WORK I certify that I took charg resulted from: Natur URE SIGNIFICANT ORDITIONS LUTTOR OR OF E URY OCCURRED ORK OR OT WHILE OF THE ORDITIONS LUTTOR OR OT WHILE OF THE ORDITIONS URE SIGNIFICANT OR OT THE ORDITIONS URE SIGNIFICANT OR OT THE OTHER URE SIGNIFICANT OR OTHER URE SIGNI	CONTRIBUTING TO DEATM 196 CONDI 216 TIME O HOUR A.A 216 PLACE STREET, FACE 10 Causes 11 PLACE STREET, FACE 12 PLACE STREET, FACE 13 PLACE STREET, FACE 14 PLACE STREET, FACE 15 PLACE STREET, FACE 16 PLACE STREET, FACE 17 PLACE STREET, FACE 18 PLACE STREET, FACE 19 PLACE STREET, FACE 19 PLACE STREET, FACE 10 PLACE STREET, FACE STREET, FACE 10 PLACE STREET, FACE STREET,	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAF A. 19 OF INJURY (AT HOME. ITORY, FARM, ETC.) scribed obave, held an Accident , Su Ler, M.D.	ANAL DISEASE OR CONDITION GIVE RATION WAS PERFORMED RELEASED. 211. LOCATION STREET Autopsy . In Hamicide . Hamicide . Hamicide . Hamicide . ADDRESS 910	CURRED (ENTER N Spection A, Undete	ATURE OF INJURY IN II CITY OR TOWN Inquiry rmined manner CAL EXAMINER 10 Rd, A	ond in my DAI Annapol	20 AUTO YES PART 2) COUNTY apinion TENED 3 -2
PART 2 (CONTY) 190. DA 210. EXA WHILE AT WC 220. deoth ACTUA SIGNA EXAMIL (TYPE C 230. BURIAL, C (SPECIFY) BUR 24. FUNERAL	TE OF OPERATION TERNAL CAUSE WAS LYING OR BUTING CAUSE OF E URY OCCURRED ORK AT WORK L certify that I took charg resulted from: Natur REMATION, REMOVAL [2]	CONTRIBUTING TO DEATH 196 CONDI 216 TIME O HOUR A.A. 21e PLACE STREET, FACE 10 Causes 11 E PLACE 21 E PLACE 21 E PLACE 21 E PLACE 21 E PLACE 31 E PLACE 31 E PLACE 32 E PLACE 34 E PLACE 36 DATE 37 29 / 8 5	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAF A. 19 OF INJURY (AT HOME. TORY, FARM, ETC.) Scribed obave, held an Accident , Su Let, M.D.	ANAL DISEASE OR CONDITION GIVE RATION WAS PERFORMED RELEASED. 211. LOCATION STREET Autopsy , In Hamicide , Hamicide , Hamicide , Hamicide , ADDRESS 910 ADDRESS 910 METERY OR CREMATORY CW Mem . P3	CURRED (ENTER N Spection A, Undete	ATURE OF INJURY IN IT CITY OR TOWN Inquiry Inquiry CAL EXAMINER AC Rd, A ATTION LTIMOR LTIMOR	ond in my DAI SIG	20 AUTO YES COUNTY apinion TENED 3 -2 U.A. 21

TO A A A TO THE PARTY OF THE PA

1 100	- STATE REGISTRAR	4	M/DDA#	CERTIFI	CATE OF DE	HIA	REG. N	4O.	Y YEAR	EST
	CEASED NAME PHIL		AVIDDLE.	LA	21		26 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	ROB	40.00	JOSEPH	JOHN			MARCH	29	1985	
1.58		4. RACE		S. DATE OF	F BIRTH DAY	YEAR	6 AGE IIN YEARS LAST 8		ONTHS DAYS	HOURS MIN
	male	whi		5	4	44	40	YRS.		
	RTHPLACE (STATE CHECKED)		WHAT COUNTRY?	MARRIED	X NEVER MA	ARRIED 🗍	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
	Md.	U.S		WIDOWED	DIVO	DRCED [ARIMDE		
0.C	ITY OF TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTIT	NOITUI	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	F BUSINESS OR
	GLEN BURNIE		TH ARUNDE		PITAL.		electron	ic tec	h. pl	nysics
	AL RESIDENCE OF MURSING FORCE STATE 136 COU		Give residence before a lac City or town Glen Bu	4	13d. INSIDE CIT	Y LIMITS?	7820 Ove	rhill	Rd. 2	21061
d FJ	THER S NAME	Medic	1250		15 MOTHER'S					
	Robert	L.	Johnso	n	Loui	se	MIDDLE .		Hil	pert
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	ITY NO.	17 INFORMAN	IT	ADD	RESS		
	no no or menowel 18 etc. or	NE WAR OR DATES!	219 44	8646	Mary	J. Jo	hnson (s	ame as	13e)	
	18 CAUSE OF DEATH lEnter of PART 1. DEATH WAS CAUS! IMMEDIA Conditions, if any, which gave rise to immediate to course (a), stating the	DUE TO, O	PULM R AS A CONSEQUEN	O MA	c p	ARR	RREST		7 -	MEDIN
	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate	DUE TO, O	PULM R AS A CONSEQUEN R AS A CONSEQUEN	O NA	DIAL	1 RR	EST ARCT 19) in	MEQIA
TION	Conditions, if any, which gave rise to immediate course (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O CONDITIONS C	R AS A CONSEQUENT R AS A CONSEQUENT POLY OF CONTRIBUTING TO DE	O NA NCE OF NCE OF A REATH BUT N	DIAL NOT RELATED T	INF.	ARCT 16 INAL DISEASE OR COM	ndition giver	IN PART 100	MEDIN
RTIFICATION	PART 1. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT IPE DATE OF OPERATION	DUE TO, O DUE TO, O DUE TO, O (c) CONDITIONS C	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	O NA NCE OF NCE OF A REATH BUT N	D/A-	INF.	ARCT 19 INAL DISEASE OR COI 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	N IN PART 100 WERE FINDING CAUSES	MEQUO PIGS USED
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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR 4001 Ritchie Hwy.
George J. Gonce Baltimore Md. 21225

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injury, or other traumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MAPORTANT: If them 21 is marked at Item 18 st. https://doi.org/10.1001/j.com.org/10.1001/j.hemedical.

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21.	ALL UT MAKIL	ANU	8.8
EPARTMENT O	F HEALTH AND	MENTAL	HYGIENE
CERT	IFICATE OF	DEATH	

REGISTRAR						REG. N	10.	
DECEASED NAME	FIRST		MIDDLE	1	LAST	20. DATE OF DEATH	MONTH DA	YEAR 26 HOUR 3
4	Villie	2m	K.	Jo	hnson		3-25	7-85 4 ON
SEX		4 RACE		5. DATE (6 AGE (IN YEARS LAST B		FUNDER 1 YEAR IF UNDER A HRS.
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a. BIRTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH
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JSÚAL RESIDENCE (IF NO 30 STATE IARYLAND	13b. COUN	OTHER INSTITUTION	134 CITY OF TO		13d INSIDE CITY LIMITS?	13 STREET ADDRESS Newtown	rive	21401
FATHER'S NAME MELVIN		WIDDLE	JÖHN	SON	15. MOTHER'S MAIDEN NA	RED		STANSBURY
(YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	21836		LUCILLE STAN	apolis , AMO SBURY 165 I		
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underlying cou	ise lost	((0)	/	DEIVEE OF				
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I PO DATE OF OPER	ne		-			YES NO X	YES	ING CAUSES OF DEATH?
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OR CONTRIBUTING L		21e PLACE	OF INJURY		211 LOCATION	CITY OR T	OWN	COUNTY STATE
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220.1 certify that		itol) ottended t	he discessed from	0	(-1) 19 85	3-2	5	985 thorn (we) lost
		3-2 view the body		66	nd that in my (our) opinion	death occurred on the	date and hour	and from the causes stated
22b. SIGNATURE	(did) did no	view the body	ofter deoth.		DEGREE			22¢ DATE SIGNED
Ihm	no.	walse	in.	7	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	3-26-85
224. PHYSICIAN'S	NAME (TYPE	OR PRINT)	011		22e ADDRESS	1. 7	0	APNO O
17HON	1AS	WAL	SH M.	<u>.D.</u>	269 tenins	UR FARN	1 KO91	mat zion
BURIAL, CREMATION	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

BURIAL 3-29-1985 HILL
24. FUNERAL DIRECTOR ANIMAPOLIS, Md. 21401
WILLIAM REESE & SONS MORTUARY, P.A.

HILL CREST CEMETERY Annapolis A.A. Maryland 25a. Date REC'D. BY REGISTRAR 25B REGISTRAR'S SIGNATURE MAR 2 7 1985

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC	B.177

		REGISTRAR						RE				
		EASED NAME	FIRST		MIDDLE	l.	AST	20. DATE OF DEA	TH MONT	H DAY	YEAR	2b. HOUR
	(TYPE C	OR PRINT)	Susie	G		KATLI	C	March	31,	1985	·	2:10
3	. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	IF L	INDER TYEAR	
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71		len Burni	-		NAH			sales c	lerk		Dept	. Stor
6	JSUAI 30. ST	RESIDENCE (# N ATE MD	URSING HOME OF	OTHER INSTITUTION ITY AA	GIVE RESIDENCE BEFORE 134. CITY OR TOVE Glen	re admission) WN Burnie	134 INSIDE CITY LIMITS?	13e STREET ADDR 7885 GO:				21061
2/1	4 FAT	HER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DIE		LA	ist
C		John			angrehr		Sidney				oat	***
1	6e. W	AS DECEASED EV		MED FORCES? EWAR OR DATES)	16b SOCIAL SEC 214/18/		Mrs. Eleanor		er (da			MD
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME (THE CEPTANT) BERTHA KATSET SERVING CONTROL OF THE CONTROL OF T		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	O.	
BERTHA KATSEF March 26 1985 1. SEX FEMALE WHITE JUNE 16 1911 73 73 VRS INDESTRUCTION OF WHAT COUNTRY? MARYLAND U.S.A. MODIFIER SHARMONE CITY OF COUNTRY OF WHAT COUNTRY? MARYLAND U.S.A. MODIFIER SHARMONE CITY OF COUNTRY OF WHAT COUNTRY? MARYLAND N. SERIFFERACE (1931) OF WHAT COUNTRY? MARYLAND N. SARRED 1 NAME ANNE ARUNDO THE SHARMONE OF OFFITAL NURSING HOME OF OFFITAL SHARMONE CITY OF COUNTRY OF THE SHARMONE CITY OF COUNTRY OF CITY OF CITY OF COUNTRY OF CITY OF			MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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SUBJECT PARTITION PART COUNTY PART COUNTY PART COUNTY PART COUNTY PART COUNTY	3		(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)			
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Tite, NO OF UNINON (P YES ONE WAR OF DATES) 218 - 36 - 40 MOSES KATSEF ANNAPOLIS, MD	1	Aria .					AN
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DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS LOCATION WIG FOOLOGY 230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 3-27-85 KNESETH ISRAEL ANNAPOLIS A. A. MD		certify that (t) (this hasp	nital) ottended the deceased	from 3/20/85 19_	pinion death occurred an the do		CONTRACTOR OF THE SECOND CO.
Retation, removal 236. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN BURIAL 3-27-85 KNESETH ISRAEL ANNAPOLIS A.A. MD		THISIGNATURE	el a	ATTEND PHYSIC	ING MEDICAL STAF	F 2/1. 1	SIGNED
BURIAL 3-27-85 KNESETH ISRAEL ANNAPOLIS A.A. MD		Retace 6	OR PRINT)	120 ADDRESS HIG FOROST	Dr. Annapol	i hed 214	63
BURIAL 3-27-85 KNESETH ISRAEL ANNAPOLIS A.A. MD		23a. BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF CEMETERY OR CREMA	TORY 236 LOCATION	COUNTY	CLATE
		BURIAL	327-85			LIS A.A.	MD

DHMH - 16 60M 7/B4

MPORTANT

(VRA 15, 4)

HARDESTY FUNERAL HOME

ANNAPOLIS, MD

MAR 27 1985 Fishe Davidson-Handell

Land Seville

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

10. CITY OR TOWN OF DEATH 10. CITY OR TOWN OF DEATH 130. STATE 130. STATE 130. STATE 130. STATE 130. STATE 130. CONSIDER STATE 130. STATE 130. STATE 130. CONSIDER STATE 130. CONTRIBUTING CAUSE OF INTERPORT OF CAUSE OF		FIRST		DDIE	LA	(2)		Za DATE OF DEATH	MONTH		2b. HOUR	
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9		OHIO		الما	П	*		/->	Finne	HCI	ndel	MD.
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DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached far use as the buriol-transit permit. Then please remove carbon pape with the State Dept. at Health and Mental Hygiene prior to buriol, cremotion, ar removal morked or Item 18 shows ony

injury, ar other traumotic event, the

(VRA 15, 4)

And the State of the Control of the

80146	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND BENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIÜE 5 0 6	671
	1. DECEASED NAME FIRST (TYPE OR PRINT) Edna	MIDDLE M.	Kennedu	20 DATE OF DEATH MONTH DA	85 2 45 pm
ge 4 mo	Female	4.RACE White	5. Date of Birth Month Day Year March 8, 1897		FUNDER I YEAR IF UNDER 24 HRS
teath. Page unerol direct in 72 hours	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	Anne Arundel	County MD.
by the fu	Glen Burnie	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	176. KIND OF BUSINESS OR INDUSTRY
filled in avid be in	USUAL RESIDENCE IF NURSING HOME OF 130. STATE 13b. COU		N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 8155 Orchard Par	rk 21122
mpletely and 2 sh	14. FATHER'S NAME FIRST Thomas	Shipley	15. MOTHER'S MAIDEN NA	MIDDLE Flizabeth	Cole
Poges	160 WAS DECEASED EVER IN U.S. A	REMED FORCES? 166 SOCIAL SECUL GIVE WAR OR DATES) 213-30-5	RITY NO. 17 INFORMANT		Glen Burnie,MD Chalmers Ave.
rificate by physicio an popers. emaval.	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death cer by the attending case remave carbo of, cremation, or re rather traumatic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
ned ned v. or v. or	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART I (a

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY

NOT WHILE 220.1 certify that (1) (this hospital) extended the deceased from sow the deceased glive on above. (1) (we) did (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN **PHYSICIAN**

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

Baltimore COUNTY

CITY OR TOWN

YES 🗍

COUNTY

NO []

STATE

Burial 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

James S. Kirkley, Glen Burnie, MD

Mar 9,1985

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURAL MAR 8 1985

FUNERAL DIRECTOR:

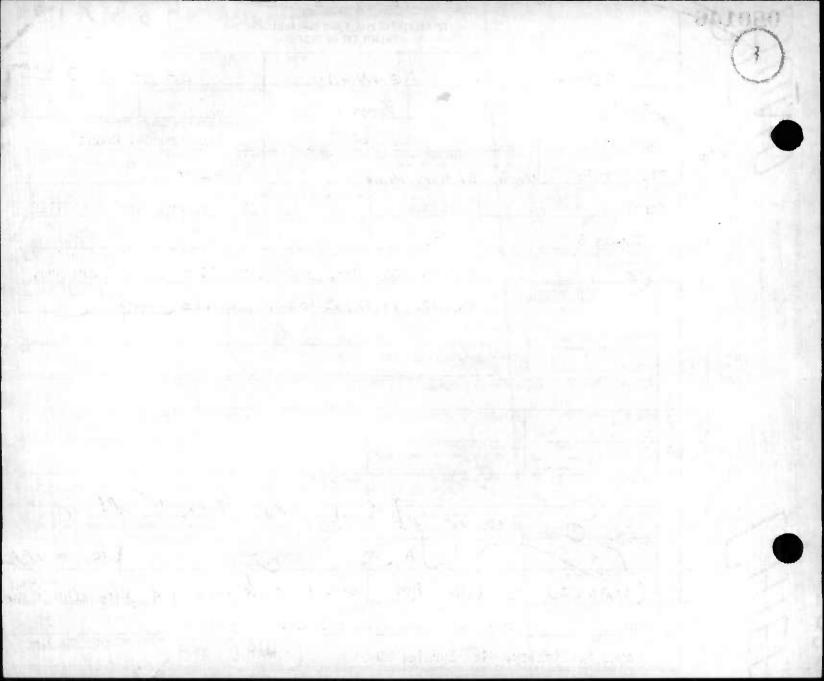
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After this certificate has been

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should be detached for use as the buriol-transit per with the State Dept. of Health and Mental Hygiene ;

MPORTANT: # hem



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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OF HEALTH AND	MENTAL	HYGIENE	-	
TIFICATE OF	DEATH			REG. N

	THE OTOTAL THE					REG. N	J.				
Ī	DECEASED NAME FIRST	MIDDLE	Į.	AST	2	DATE OF DEATH	MONTH	DAY YE	AR	26 HOL	JR
L	Joseph	Franklyn	KIDW	ELL, JR.		Marc	h 23,	1985		6:00)A M
3	SEX	4. RACE	5. DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I		IF UNDER	24 HRS
н	Male	White	May		EAR Q	66	YRS.	MONTHS I	DAYS	HOURS 1	MIN.
17	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8		- 9	BALTIMORE CITY C		Y OF DEAT	Н		
	Maryland	U.S.A.	WIDOWE	D NEVER MARRI		Anne ARun	del				AAD
-	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			ON 12	O USUAL OCCUPAT	ION			BUSINI	ESS OR
1	Glen Burnie	(IF NOT IN SUCH FACILITY, GIVE STREE North Arundel		tal		type of work for most of Messenger	F WORKING L			Inc	·
H	SUAL RESIDENCE (IF NURSING HOME OF 3a. STATE 113b COUN			13d. INSIDE CITY LIA	MITS 112	e STREET ADDRESS	/ 7IP COL	Æ			
		Arundel Pasader		YES NO		400 East B			oad	211	.22
1	1. FATHER'S NAME			15. MOTHER'S MAIL	DEN NAME						
D	Joseph	F. Kidwell.	Sr.	Viola		WIDDLE		Sev	mor		
1	60. WAS DECEASED EVER IN U.S. AR			17. INFORMANT		ADDR	ESS	bcy	IIIOI		
ľ	(YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)			** 1 3	T 2 / 1	c \ c				
F		W. II 212.12.7		Myrtle I.	Kidw	ell (wi	te) S	ame a			DV/A1
ı	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), o	nd ten	1.00-	t.h	- Way		BETY	WEEN O	NATE INTE	DEATH
П		TE CAUSE (0)	M	auxon.	TIL	10400	3/				
ı		DUE TO, OR AS A COMSEOU	JENCE OF	0	11	A D	11	./			
ı	Conditions, if ony, which	((b)	470	1 Qu	1200	11	Had	U			
ı	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF		1 4 6		_				
ı	underlying couse lost.	DOE TO, OR AS A CONSECU	JENCE OF	J							
П	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION G	IVEN IN PA	RT lin		
ı											
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?		ES, WERE F			
1						YES NOT		IFYING CA	USES (OF DEAT	
Н	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	1		RT 21	110	3
		110115 4 11 11011511	DAY YEAR			(Etter thinks of this					
1	(IF EITHER, NOTIFY MEDICAL EXAMINE		19								
П	OR CONTRIBUTING CAUSE OF DE-	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUN	TY		STATE
ı	WHILE NOT WHILE										
П	22a.1 certify that (I) (this hospi	ital) attended the deceased fram.		22 , 19.	7.2	, to 3 - 2.	3	. 19 75		hot (I) (
ı	sow the deceased alive on	19_ 1) view the bady after death.	8.5.0	nd that in (my) (our)	apinion dec	oth accurred on the d	ote and ha	our and Iron	n the c	ouses sh	ated
ı	22b. SIGNATURE	The budy the debili.		DEGREE				22c. [DATE S	GIGNED	
Î	h / 100	M(X)	m	ATTEN		MEDICAL STA		12	.)	5 8	5
4	22d. PHYSICIAN'S NAME TYPE	ATING BEINT	1//5	22e. ADDRESS	CIAN LA	DIRECTOR PHISIC	.TAIY		9	2.0	
I	Donald H. H:				n Pd	. and Ow	onc	MOST	C.	277	DL
+			NAME OF S			1234 LOCATION	6112	way,	ے ==	ev.	PK.
2	3a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c.	NAME OF	EMETERY OR CREMA	AIORY	CITY OR TOWN		COUNTY			STATE
L	Burial	March 26,85 C	Cedar 1	Hill Cemet		Brooklyn		A.A.		id.	
2	1. FUNERAL DIRECTOR	1/mens			250 DATE R	REC'D. BY REGISTRAR	255 REGIS	STRAR'S SIC	SNATU	JRE	,
	Singleton Funera	I Home, Glen Burr	nie, Md		MAR	26 1985	lark	DRUKESON	-M	model	2

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OF

TO FUNERAL D RECTOR: should be detacted to with the State Dept. of Hea IMPORTANT: If Heart In the and the second second

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law

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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-		REGISTRAR							REG. NO).			
5		EASED NAME	FIRST		MIDDLE	ι	AST		•		DAY YEAR	2b. HOU	
	,	MI	LDRED		uise		NDER		MARCH		1985	7:4	
	3. SEX		4	RACE		5. DATE C		EAR	6 AGE (IN YEARS LAST BIRTI	HD AY)	MONTHS DAYS	IF UNDER	24 HR
	E	EMALE		WHITE		Nov.	12 DAY 191	.9	65	YRS		HOOKS	
20		THPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 🗆	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
2		aryland		U.S		WIDOWE			Anne Arund				
)-C	0	y or town of di Lllersvil	- 1	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET INDEY ROA	ADDRESS)	OR OTHER INSTITUT	ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker		FE) 126 KIND O INDUSTRY Own H		ESS
	USU A			THER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)							
35		ryland	Anne		I Millers		13d INSIDE CITY LI		13e STREET ADDRESS 170 Kinder	Road	211	.08	
	_	THER'S NAME			1		15 MOTHER'S MA						
21		Willia		IDDLE	Sharp		Anna		MIDDLE		Hahn	1	
9		AS DECEASED EVE	R IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS 176	W. Pas	aden	aF
	(4)	S, NO OR UNKNOWN)	Nor	WAR OR DATES)	212.10.4	1724	Dorothy	Ande	rcvk (niec		llersvi		
1							DOLUCITY	mue	LOYN (IIIEC	O, 111		MATE INTER	_
į .		PART I. DEATH	WAS CAUSED	BY:	line far (a), (b), and	LL C	ARCINOMA	A. I.I	EFT KIDNE	Y		onti	
Ď.			IMMEDIATE	CAUSE (a)				-,			-		
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E		Canditions, if an	y, which	(h)			WITH GEN	VERA.	LIZED MET	ASTA	212		
		gave rise to in	nmediate) ''-									
i i		cause (a), state		DUE TO, O	r as a conseque	ENCE OF							
				(c)									
×.	7								NAL DISEASE OR CONE	DITION GIV	VEN IN PART 10	11	
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E /	AL	(IF EITHER, NOTIFY MED		P.		19							
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10		AT WORK AT V	VORK —					= 6	140.00.00	0.0	0.5		-
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E 3		226. SIGNATURE		1	The state of the s		DEGREE				22c. DATE	SIGNED	
=		KAR	nie	01	oul			DING	MEDICAL STAF	F		00 3	0.5
	-	22d. PHYSICIAN'S I			7		PHYS 22e. ADDRESS	ICIAN D	DIRECTOR PHYSIC		Mar		
MFOKIAN		ZZO. PHYSICIAN'S	AME (TYPE OR	PRINT)			ZZe. ADDRESS		SEVERN			RYL	AN
		FRANCI	SI.	CODD I	M.D.		PO BOX	627	, 674 RIT	CHIE	HGWY		
2	23a. B	JRIAL, CREMATION		23b. DATE	23c. 1	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY		ATE
	(5	PECIFY)	1	Max . 25	1005 01	lon H-	ven Mem I) k	Glen Burn	io	A.A.	Md	
1	24 FII	Buria NERAL DIRECTOR		Mar 25	1202 6	ren Ha	iven mem i		REC'D. BY REGISTRAR				4 •
		NAME	110	1 mc	ADDRESS				Target 1	1 2. 7			
	Si	ngleton F	uneral	Home, G	len burn	ie, Mo	1.	MAR	7 6 1985		withon-R	nates	40

1 - STA			DEPART	MENT OF HEALTH AN	D MENTAL HYGI	100	UO	0	4
			DELAKII	CERTIFICATE OF		REG. N	10.		
	ED NAME FIRST	,	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	b. HOUR A
(TYPE OR PR	JOH	IN	A.	KRAFT	2	March	17, 198	5	11:44
3. SEX		4. RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	RTHDAY) IF U		IF UNDER 24 HRS
M	ale	Caucasi	an	April 27.		63	YRS.	JAI J	MIN.
7a. BIRTHP		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVE	R MARRIED -	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
M _	sylvania	U	SA		DIVORCED [Anne Ar	unidel Co	ounty	ME
10 CITY O	R TOWN OF DEATH			NG HOME OR OTHER IN	NSTITUTION	120 USUAL OCCUPAT		12b. KIND OF	BUSINESS OR
Gler	Burnie /	North	Arundel	Hospital		salesman		Photog	raphy
USUAL RE	SIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	E ADMISSION)					
Maryl		Armdel	Crofton		NO	1824 Croft			21114
14. FATHE		W. OfficeT	Crorcon		R'S MAIDEN NAM		OH PALK	WG Y	21114
1	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST	
14 3005	John DECEASED EVER IN U.S. A	DUED FORCES	Kra		ALANIT	Alice	ess of oo	Syk	es
	O OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	0.4				2600 A		
yes	WW	II .	167-16	-0556 Danie	el A. Kra	ift	Gambri		
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	R AS A CONSEQUE	Pulmonon		rust.	Man ale		ATE INTERVAL ISET AND DEATH
Co	PART I. DEATH WAS CAUS	DUE TO, O	Cardio	Pulmoner ENCE OF Jene		rest.	ular de	Mark	ATE INTERVAL
Co ga co un PAF	PART I. DEATH WAS CAUS IMMEDIA Inditions, if ony, which ve rise to immediate use (a), stating the	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI (b) (c)	RAS A CONSEQUI	Pulmonon ENCE OF CENCE OF	otic Car	rdio vasc		યવડા	ATE INTERVAL
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Co ga co un PAF	nditions, if ony, which we rise to immediate use (a), storing the derlying cause last.	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CC	R AS A CONSEQUI R AS A CONSEQUI DUTRIBUTING TO	Pulm onen ENCE OF ENCE OF DEATH BUT NOT RELAT OPERATION WAS PER	TED TO THE TERM	INAL DISEASE OR COP	20b. IF YES, W IN CERTIFYIN YES [IN PART I 10 FERE FINDING G CAUSES C	SS USED F DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Beall Funeral Home

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

Mar 19 1985 Metropolitan Crematory A 16000 Annapolis Rd. Bowie, Maryland

23c NAME OF CEMETERY OR CREMATORY

Alexandria, Virginia

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

Crikia Davidson Rando De

23d. LOCATION

CITY OR TOWN

(arch 1, 190) 11:4 181e aucreian Arril 27, 1921 63 onns; lvania vine rumiel Jours; Glen Lurnie Forth Lrundel Hospital sales en Photography 1024 Drofton arxway 21114 cryland .mns.runcol Crofton Alice Synus 2000 pril Dawn Way tieri John yes if it loveled anish anish (embrille, Md. Yarch 1 , Jus renation in 1, 1505 temposition relator, temporaria, in initia 10000 Annapolis Ed. call imeral one rowie, isryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar attending physicion.

094121 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the shauld be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or remayol.

FOR STATE CEDTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6675

. DECEASED NAME FIRST					REG. N	0.		
TYPE OR PRINT)	A	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR	0
TERES	SA	E.	KU.	EBERTH		8, 1985	195	one
SEX	4. RACE		5. DATE C		6 AGE IN YEARS LAST BE			MIN
Female	Wh	nite	Ja	n. 17, 1900	85	YRS.	DATS HOURS	MIN
BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	TH	
Maryland		5.A.	WIDOWE	DIVORCED	A.A. Co			MD.
Severna Park	Merid	lian Nurs	ing H	ome	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewi	OF WORKING LIFE) INDU	IND OF BUSINESS	SOR
JSUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136. COL		13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 753 Divi	/ ZIP CODE ding Road	21146	
4 FATHER'S NAME FIRST Michael	MIDDLE	Schaefer		IS MOTHER'S MAIDEN NA Elizab	e th		ntholt	
60 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS Severna	Park, M	d.
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	215-09-5	357D	Joseph A. K	ueberth 753	Dividing	Rd. 211	46
Conditions, if any, which	ATE CAUSE (a)	R AS A CONSEQUE		who ove	vuan C	ouces	•	
gave rise to immediate cause (a), stating the underlying cause last.	(Ic)	R AS A CONSEQUE						
couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	20b. IF YES, WERE I	FINDINGS USED	2
couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT				FINDINGS USED	?
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DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT; If Item 21 is marked or Item 18 shows ony injury, ar other traumatic event, the

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	- STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	RI	G. NO.			EST
	CEASED NAME	FIRST		MIDDLE	· ·	AST .		20 DATE OF DEA	NOM HTA	TH DAY	YEAR	26 HOUR
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3. SE	Х		4. RACE		5 DATE C			6 AGE (IN YEARS I	AST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
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	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MA	DDIED	9 BALTIMORE C	ITY OR CO	OYTHUC	FDEATH	
1	New York		U.S	.A.	WIDOWE		DRCED	ANNE	ARUND	EL C	OUNTY	MD
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	12a USUAL OCC		Dr. In C. L. In F. L.	12b. KIND C	F BUSINESS OR
3	GLEN BURN	I.E	,	TH ARUNDI		SPITAL		Comput		WKIIAO [ME]		rnment
	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE CIT	V LIMATES	13e STREET ADD	DESS / 710	CODE		
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14. F.	ATHER'S NAME					15 MOTHER'S						
	Kenneth		MIDDLE Ku	entzel		Doi	othy	AA E	DDIE	E	Bradl	ey
	WAS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17 INFORMAN	T	Sev	erns,	Mary	land	21144
	Yes, no or unknown)		-1962 _	070-30-	6530	Bernic	e C					Road
-	18 CAUSE OF DEAT					DCTILL		rtuonion				MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSE	D BY:	a DI	ter	mon	el 1	-02	26	101	BETWEEN	ONSET AND DEATH
0.		IMMEDIAT	E CAUSE (o)	-CV	4	-	12	7677	0. / 6	0		
	100		DUE TO, O	R AS A CONSEQUE	NCE OF						1	
	Canditions, if any,		(b)_									
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1	underlying cause	last.	(tc)									
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ō									-	150		
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CERTIFICATION								YES NO		YES		NO 🗆
CE	210. ACCIDENT WAS UNI	DERLYING [216. TIME O	FINJURY		21c HOW INJU	JRY OCCUR	RED (ENTER NATURE	OF INJURY IN	TEM 18 PART	OR PART 2)	

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended

saw the deceased alive on_______above. (It we it idd) (did not) siew the bedy alite.

236. DATE

3/15/85

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

22c. DATE SIGNED

RECEP EROL, M.D.

226 SIGNATURE

Burial

230. BURIAL, CREMATION, REMOVAL

325 HOSPITAL DRIVE, #104 GLEN BURNIE, MARYLAND 21061

731	NAME	OF CEA	AFTERY	OR CREA	AATORY	

23d, LOCATION Crownsville Cemetery

Crownsville A.A. Md".

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

18 sh

MPORTANT: If them 21 is morked or the

After this certificate has been attending physician.

FUNERAL DIRECTOR: etained by the hospital

PHYSICIAN:

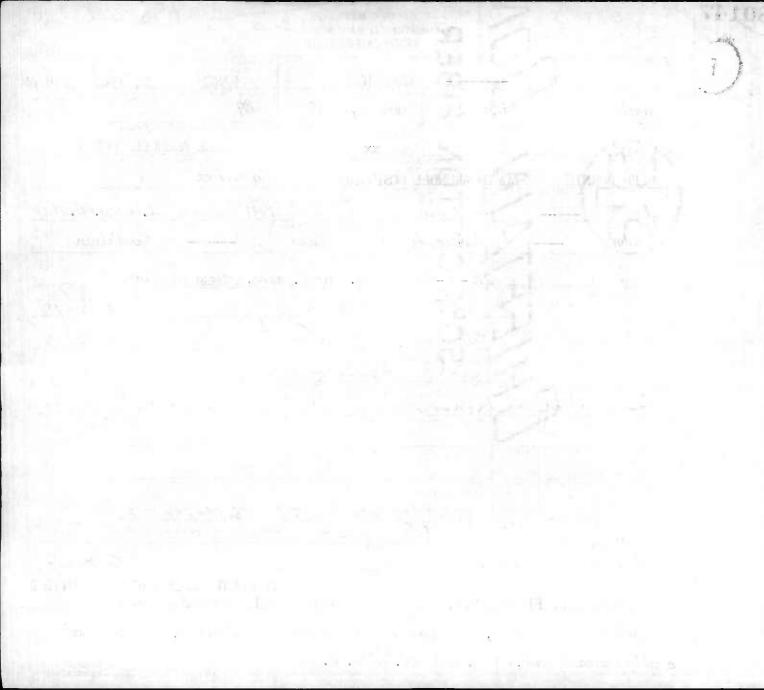
24 FUNERAL DIRECTOR Raymond C. Fink Gl.

Burnie, Md. 21061

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		STATE REGISTRAR			ATE OF DEATH	REG. NO.	EST
F		CEASED NAME FIRST	MIDDLE	LAST	Y OV YO	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	. SE>	LEN	4 RACE	LAMBR 5. DATE OF E		MARCH 6 AGE (IN YEARS LAST BIRTHDAY)	5, 1985 510 MAN
	. 067	Female	White	June	12, 1895 AR	89	MONTHS DAYS HOURS MIN.
35	1	ATHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED L		9 BALTIMORE CITY OR COL ANNE ARU	INDEL COUNTY MD.
54		GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUND	T ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FORMOST OF WORK) HOMEMOREA	126. KIND OF BUSINESS OR INDUSTRY
35	30 S	I RESIDENCE (IF NURSING HOME OF TATE 136 COUL Tryland		e	INSIDE CITY LIMITS?		St. Balto Ad. 21230
DE	4 FA	THER'S NAME	MIDDLE Handsch		MOTHER'S MAIDEN NA	WE	Guethlein
2 ledicol		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 216-46-6		INFORMANT Ins. Anna M. G.	reen. Same as	Above
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for in) (b) a	ndicii	oula		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
troumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS CONSEQUENCE		Bed Re	st	4 Yours
or other		couse (a), stating the underlying cause lost	DUE TO, OR ASPACONS QUE		me pare	sis	4/ears
injury, o	NOI	/ /	conditions contributing to			Supre Vent	GIVEN IN PART TO Archife
Nuo smou	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICE	HOPERATION \	VAS PERFORMED	VES NO NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO NO
-7 -4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	DAY YEAR	It. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITE	w 18 PART (OR PART 2)
ked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		IE LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive or	Hall attended the deceased from 19	0	hat in (my) (out) opinion	death accurred on the date and	hour and from the causes stated
# # # # # # # # # # # # # # # # # # #		276. SIGNATURE	E lol	DE IT	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED 5- Har-85
MPORTAN		22d. PHYSICIAN'S NAME (TYPE OF THE PROPERTY OF	FISHER M.D.	2	2e ADDRESS		HIGHWAY, SUITE 3
< -	3a. B	URIAL, CREMATION, REMOVAL		NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	7.400
≤ 2	(Burial	March 8. 1985 L	oudon I	Park (emeter	y Baltimore.	Maryland



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	SEX	F	1 RACE		ATE OF BIRTH	Y YEAR	6 AGE IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
	o. BIR	THPLACE (STATE OR FOREIGN DUNITRY)	76 CITIZEN OF WHA	T COUNTRY? 8.	ARRIED NEV	ER MARRIED	9 BALTIMORE CIT			
4	-	est Va.	U.S.A.		OWED TO THER	DIVORCED [An		undel	OF BUSINESS OR
		napolis	Anne Ar	undel Ge	en. Hos	spital .	Houses	vife	G LIFE) INDUSTRY	_
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	4. FAT	HER'S NAME FIRST Charles	MIDDLE H.	Stiffle		Leona	ME	E	Isn	AST
1		AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY I			AD	DRESS		ame as
		NO OR UNKNOWN) (IF YES, GIVE	2.	32-20-98	00 Ju	stine I	Laughton	(Dtr	- /	NONSET AND DEATH
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		PART 2. OTHER SIGNIFICANT C								ment by
3	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPER	ation was pe	RFORMED	200 AUTOPSY?	IN CER	YES, WERE FIND RTIFYING CAUSE YES []	
1	S E	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	MONTH DAY Y	21c HOV 211 LOC		RED (ENTER NATURE OF	INJURY IN ITEM I	IB PART I OR PART 2)	
		WHILE NOT WHILE AT WORK	21e PLACE OF IN	ACTORY OFFICE FARM ET		TREET	CITYO	RTOWN	COUNTY	STATE
		220.1 certify that (1) (this hospit saw the decreased alive an above, (1) (was add add and	= 123/	85 19		my) (our) pinion	death accurred on the			
14	1	22b. SIGNATURE ALT	tauxo	M	DEGREE		MEDICAL DIRECTOR PHY	TAFF	22c. DAY	131/85
1		BARRY R. NATH	ANSON FOI	REISE	270 ADE	51 1	PANKLI	UST	Assalt	9P. M/1
T		PECIFY) Burial	23b. DATE 3-27-8F		OF CEMETERY Lincol	OR CREMATORY	23d LOCATION CITY OR TOWN Brentw	-	Pr. Geo	STATE

DHMH - 16 60M 7/84

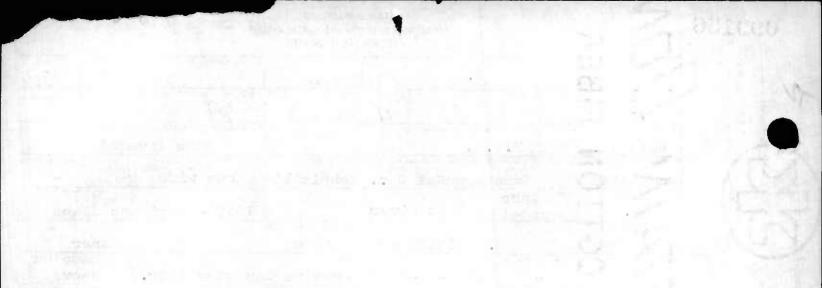
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or

(VRA 15, 4)

Nalley's F.H.Inc.

Mt. Rainier, Md. APRO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

0	0	- 6	2

	REGISTRAR			CERTIFICAT	E OF DEATH	REG. N	10.		
1	I DECEASED NAME	FIRST	Celeste	LAST	.0.	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
1	Female	4. RAC	Uhite.	5. DATE OF BIRT	DAY 1911	6. AGE (IN YEARS LAST BIR	YRS.	S DAYS HO	URS MIN.
2	Manular	pd	ZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Anne f	frund	1.9	M
0	Annapol	3 16	AME OF HOSPITAL, NURS NOT IN SUCH FACILITY GIVE STRE	er Ave	nue.	(TYPEDE WORK FOR MOST O	OF WORKING LIFE) IN	b. KIND OF BU	
2	130 STATE	13h QUNTY	Pr. CITY OR TO	WN 13d II		130. STREET ADDRESS	er Avi	21403 enue	
1	14 FATHER'S NAME	WIDDLE	Curry	S	OTHER'S MAIDEN NAME OF THE PROPERTY OF THE PRO	Blanche	Ho	wes	
1	160 WAS DECEASED EVE (YE NO OF UNKNOWN)	R IN U.S. ARMED FO		JRITY NO. 17. IN	everly 1	rott-Ann	45 Huse		1403
		TH (Enter only one of WAS CAUSED BY: IMMEDIATE CAUS	ause per line far (a), (b), c	BRAL V	ASCULA	e AcoiDA	INT	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	Conditions, if on gove rise to in cause (o), stat underlying cous	y, which nmediate and the DL	(b) UE TO, OR AS A CONSEQ (c)	RTEN	Son			10 4	AR.
		PBETE	IONS CONTRIBUTING TO	DEATH BUT NOT F	RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	PART Iral	
	190 DATE OF OPER.		CONDITION FOR WHIC	- 1201		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF E	
1	210. ACCIDENT WAS U	CAUSE OF DEATH	OUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

O FUNERAL DIRECTOR MPORTANT, If In

ould be detached th the State Dept.

DHMH - 16 50M 1/111 (VRA 15, 4)

270 | certify that (1) (this hospital) attended the deceased from

eceased olympa (we) (did (did nat) view the bady after deat)

21d INJURY OCCURRED

NOT WHILE

23¢ NAME OF CEMETERY OR CREMATORY

211 LOCATION

ATTENDING

23d. LOCATION nnapo

COUNTY

STATE

230. BURIAL, CREMATION,
SPECIFY) Mary 3 24. FUNERAL DIRECTOR

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OF TOWN

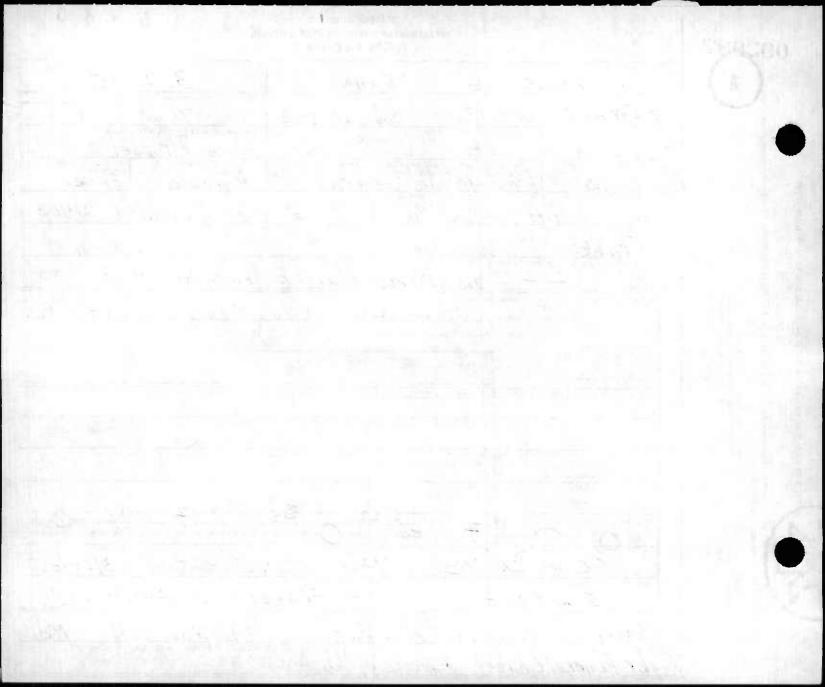
(our) opinion death occurred on the dote and haur and from the causes stated

APR

MEDICAL STAFF
DIRECTOR PHYSICIAN

O THE COURT The same of the sa Lookand and K. S. S. Sall Sall Secretary a more little Warmer worth and a great a first of the first of the contract of the The Basilian X and the Harris of the State o The state of the s Care led site in the standing lieuwer for the lieuwer and The state of the s 발표하는 사용, - compact _____ compact to Tailed at we have been a languaged because and me

the funeral director	3. SEX		NE E.	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
the funeral director of the control	7a. B)F	(LEWIS	3:	27 85
ille luneral di		FEMALE	4. RACE WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
all	N.	RTHPLACE (STATE OR FOREIGN CAPOLINA)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALHMORE CITY OR COU	NTY OF DEATH
	9	TY OR TOWN OF DEATH	TIPMENT IN SUCH AGENTY, ONE SE		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 12b. KIND OF BUSINESS INDUSTRY
一 市長 一ま つ	USUA 13a. S	A PESIDENCE IF HUMBING HOME	DROTHER INSTITUTION, GIVERESIDENCE BI	FORE ADMISSION) OVN 13d. INSIDECITY LIMITS?	13e STREET ANDRESS	HP4, 21403
apletery and 2 and 2	H FA	THER'S NAME Frank	MIDDLE Whort	15. MOTHER'S MAIDEN N	IAME MIDDLE	Swindel/
n and co		VAS DECEASED EVER IN U.S. A (ES. AO OR UNKNOWN) (1F YES, G	RMED FORCES? 16b. SOCIAL S	ECURITY NO. 17. INFORMANT	Lewis, Tr.	#13
requires that the death certification is a signed by the attending part of buriel, cremation, or ment y injury, ar other troumatic every	NO	Conditions, if any, which gove rise to immediate cause (a), starting the underlying cause lost.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING		RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
low r	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: lending phys this certifica he burial-train ad Mental Hy ed or Item 18	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN WHILE ALT WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	COUNTY STAT
OR ATTEN be haspital Ched for us Dept. of He hem 21 is		22a.1 certify that (I) (this has sow the deceased alive c above. (I) (we) (did) (did r 22b. SIGNATURE	5/2-	9 65 , and that in (my) (our) opinio	n death occurred on the date and	hour and from the couses state 22c. DATE SIGNED
O HOSPI Petained b TO FUNE hould be with the Si	226.0	226. PHYSICIAN'S NAME (TYPE	COLE		DELIN ST A	NNAP Md.
BP	(JUNIAL, CREMATION, REMOVA	3-30-85	PLAN BUT	ATE REC'D. BY REDISTRAR 256 REC	A'A' Ma



MARYLAND 21201	ted within 24 hours other death. Popper	ompletely filled in by the functor distribution of an experience of should be filled within 72 adult of the experience.	7 June of the Control
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Postern retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill at in twitin the real directions should be detached for use as the businlitransity permit. Then please remove corbomopopers. Pages fund 2 should be filled within 72 faur fallow, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the med can for near more recorded at
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Leteroned by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and	IMPORTANT: If Item 21 is morked

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	1-	tem7a,15 7-30-92 STATEW H. per Son	FilmG689 DEPARTA	AENT OF HEALTH AND MENTAL HYG	IENE D		
				CERTIFICATE OF DEATH	REG. NO		
	(TXPE	CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
	17	Margarel	J.	Lewis		3-23-85 11:55m	
	3. SE)		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
7	70 E	emale	b. CITIZEN OF WHAT COUNTRY?	3 12 98	DALTHOOF CITY O	YRS.	
	AL	Hungary	114 A	MARRIED NEVER MARRIED	A SALTIMORE CITY O	R COUNTY OF DEATH	
r.	10 CI	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR	
1	St	everna Park		Nursing Center	(TYPE OF WORK FOR MOST O		
_	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE Y. 134 CITY OR TOWN	ADMISSION)	13e STREET ADDRESS		
d		MO A	A Annapa	IS YES NO	7016/en	weed St 21401	
7	14. FA	ATHER'S NAME	IDDLE LAST	15 / Maria Jano	ovszky	***	
A		John	Kleme	ent Mary	MIDDLE	SMITA	
1			WAR OR DATES)	RITY NO. 17 INFORMANT	ADDRE	(()	
		No -	<u> </u>		lore Le	wis (above)	
		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE	CAUSE (a)	command (- acheer	mouths	
		C Ive v	DUE TO, OR AS A CONSEQUE	NCE OF			
		Conditions, if ony, which gove rise to immediate	(b)				
		couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF			
١		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1(o)	
	CERTIFICATION						
-	CAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	RTIF				YES NO	YES NO	
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE	
i		220. I certify that (I) (this hospito	I) attended the deceased from	12-4 1082	5 3-2	5 , 19.85 , tho (1) we) lost	
	100	sow the deceased alive on obove, (h) (we) (did((did not)		(1)	deoth occurred on the do	ote and hour and from the causes stated	
	-	The Signature	ylew the bady after death	DEGREE		22c DATE SIGNED	
		Dos Cle	nemo	ATTENDING PHYSICIAN	MEDICAL STAF	FIAND 3/23/85	
		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		1	
		James	Chacona	-5 1521 Ri	tchie H	tury Arnold Was	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	- COUNTY STATE	
	(cremation	March 24,1985 1	Nestview Cremator	y Westview	Baltimore MD	
	24 FU	JNERAL DIRECTOR	-	A A L. C. HARANTE DATE	E DEC'D DY DECICEDAD	ALL DECICEDABLE CICALIATURE	
	0	NAME	ADDRESS	ol Ritchie Hungson DATE everna Park, MAR	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	

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20M 4/82

STATE OF MARYLAND

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Or page		CEASED NAME FRST ORPRINT) KENN Male	eTH W 4. RACE White	S. DATE OF BIRTH MONTH DAY YEAR 19	20 DATE OF DEATH	MONTHS DAYS HOURS MIN.
in by the funeral diri se filed within 72 hau be harfied at and.	V	RTHPLICE (STATE OR FOREIGN OUNTRY) I FG IN IO TY OR FOWN OF DEATH N NO PO IS	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN A 1 FOR THE SUCH FACILITY, GIVE STREET, A 1 FOR A PUNCE TO THE SUCH A CULTURY OF STREET,	MARRIED NEVER MARRIED WIDOWED DNORCED GHOME OR OTHER INSTITUTION ODDESS!	9 BALTIMORE CITY O	Arunde MD. ON 12b. KIND OF BUSINESS OR OF WORKING LIEE INDUSTRY.
ompletely filled 1 and 2 should be dominer mus	130 S	THER'S NAME FIRST		Park 13d. INSIDE CITY LIMITS? YES NO S 15. MOTHER'S MAIDEN N FIRST		Nwood Dr. 21146 Kerns
d by the attending physician and clease remove carbon popers. Pages ial, cremation, ar removal. or ather troumatic event, the medica		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), one DBY. E CAUSE (a) HEPAT DUE TO, OR AS A CONSEQUE	NCE OF A TOSIS	Loy,	Above #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nding physicion. Is certificate has been signed buriol-transist permit. Then planed Mental Hygiene prior to buriol tem 18 shows ony injury, or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT C 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA		MINAL DISEASE OR CON 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUI	20b. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
the hospital or atter L DRECTOR: After th trached for use as the e Dept, of Health and if them 21 is marked	ME	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspit sow the deceased alive on above, (I) (wg) (did) (and not 22b. SIGNATURE) 22d PHYSICIAN'S NAME ITPEOR	JAT HOME STREET, FACTORY, OFFICE, FACTOR	3/16, 19	MEDICAL STAI	ote and hour and from the causes stated 22c DATE SIGNED
etained by TO FUNERA should be de with the Stot	22- D		BRESE		Tank to Carlon	

DHMH - 16 60M 7/B4

(VRA 15, 4)

Hen Haven Cemeter

24 FUNERAL DIRECTOR Barranco 501 Rutchie Hwy Severna PK, mb 2

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(TYPE OR PRINT) THOMAS TOHN MARCH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE S DATE OF BIRTH MONTH DAY 21, 1921 64 JAN. 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. DIVORCED X MARYLAND WIDOWED ANNE ARTINDEL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) NORTH ARUNDEL HOSPITAL TRUCK DRIVER GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 1133 PATUXENT RD. ODENTON NOX MD A.A. YES [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST EIRST MAY F. LUCAS LILLIAN THOMAS BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) YES WWII 212.18.8532 MYRTLE LIVINGSTON APT, 204 GLEN BURNIE, MD 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C CHIDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à NON S 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AL WORK | NOT WHILE | 72a I certify that (1) (this the discound alive o and that in (my) (our) opinion death accurred on the date and hour and from the causes stated i view the body after death DEGREE ATTENDING STAFF FUNERAL old be deto the State PHYSICIAN DIRECTOR PHYSICIAN

FOR - STATE

REGISTRAR

DECEASED NAME

09911

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

71x ADDRESS

23c NAME OF CEMETERY OR CREMATORY

RURNIE

LAST

DHMH - 16 50M 4/83 (VRA 15, 4)

SINGLETON FUNERAL HOME GLEN BURNIE, MD. 21061

APRIL 3,1985 MD. VETERANS CEM.

ORGE

23a. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

BURIAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

7845 OAKWOOD ROAD SUITE 205

23d LOCATION

CROWNSVILLE

MARYLAND 2106

REG NO

26 HOUR

126. KIND OF BUSINESS OR

BARTONGRAVEL

21113

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

 MD^{STATE}

TURNER

20b. IF YES, WERE FINDINGS USED

A.A.

IN CERTIFYING CAUSES OF DEATH?

7826 PARK WEST DR.

IF UNDER 24 HR

1985 IF UNDER 1 YEAR

20. DATE OF DEATH MONTH

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please remave carban papers. Pages 1

physician

medical e

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

executed within 24 hours after

death certificate be

requires that the

MD

PHYSICIAN:

OR ATTENDING

TO HOSPITAL

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6685

	1 -	STATE REGISTRAR	JEI A	CERTIF	ICATE OF DEATH	REG. NO	D.	
		CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
V	(TYPE)	Rola	nd Willia	am L	Luongo	Marc	h 2, 1985	A.M
9	3. SEX	(4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS.
		Male	White	Jan	151928	57	YRS	HOURS MIN.
2		RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY?	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
2	M	bryland	USA	WIDOWE	D DIVORCED	Anne	Arunde	MD.
2	10. C11	TO OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		R OTHER INSTITUTION	120 USUAL OCCUPATION TO THE STATE OF WORK FOR MOST O		F BUSINESS OR
2	H	nnapolis	Anne Arunda	10	eral Hospital	Trinte	I A I	Paper
9	USUA 130. S		OR OTHER INSTITUTION, GIVE RESIDENCE BE		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	- 2.1	L' 1
3	130. 5	TATE 13b. CO	A. Anna	A	YES YES NO		ZIP CODE 215	troot
7	14 FA	THER'S NAME	1 1111111111111111111111111111111111111	10113	15. MOTHER'S MAIDEN NA	ME	und wer	211111
1	-	Ralph	AIR LUOY	1912	FIRET	WIDDLE	Lei	115
П		AS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT	ADDRE	SS	
1	(Y)	ES NO OR UNKNOWN) (IF YES G	6-1947 16A2V	F- 1744	RIDITION	luman	INT-	
1		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),	and (c).		1	NOWEN THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO T	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS		D				
		INVIACEDIA	DUE TO OR AS A CONSEC	OURNOT OF				
		Conditions, if any, which	DUE TO, OR AS A COMSE	eno co	Tan farther	u /		
		gave rise to immediate	10)	U	1)			
		underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF				
		PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING T	TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OF CONI	OUTION CIVEN IN PART 1	
	Z	TAKE 2 OTTER STOTE ICALL	CONDITIONS CONTRIBUTING	IO DEATH BOT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	SHOW GIVEN IN PART I	0
in	ATK	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDI	
1	FF					YES TO NOT	IN CERTIFYING CAUSES	NO []
2	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR			
1		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR				
	Š	(IF EITHER NOTIFY MEDICAL EXAMIN		19	711 LOCATION			
	MEDICAL	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
	1 ' I	AT ALORE						

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 3/1/8 J sow the deceased alive on 3/1185 above, (1) (we) (did) (did not) view the body after death.

DEGREE

22e, ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

3/2/

, that (I) (we last

230 BURIAL, CREMATION

23b. DATE

23c. NAME OF CEMETERY

25h REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

REMOVAL

Davidson Randelle

Carlo (1) - Carlo Carlo

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

executed within 24 complete

certificate

death

PHYSICIAN

ENDING

TO HOSPITAL

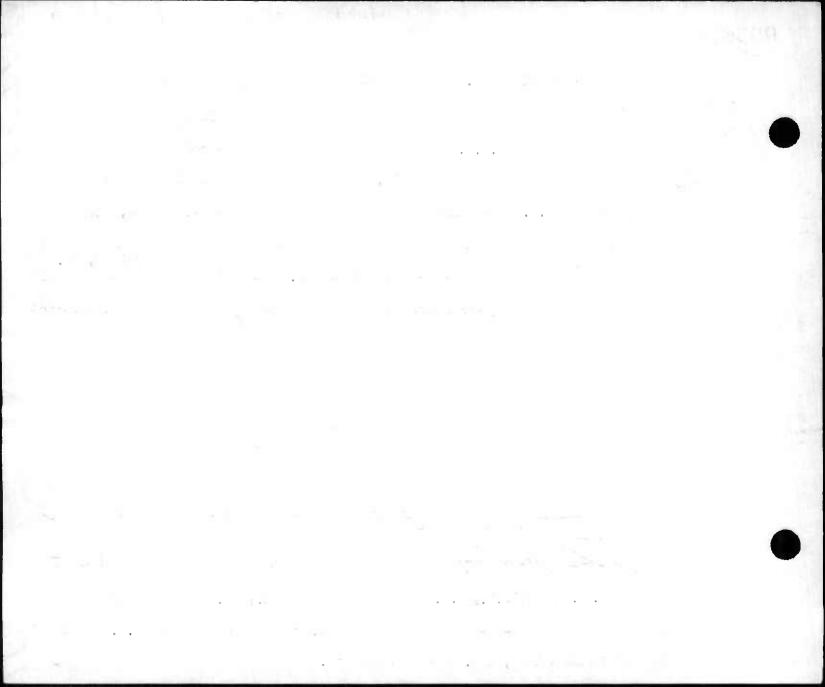
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	16			REGISTRAR				CERTIF	ICATE OF D	EATH	REG. I	NO.			
1 6				CEASED NAME	FIRST		MIDDLE		AST	-	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
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poge.	Ď		3 SE			4. RACE		5. DATE C			6. AGE (IN YEARS LAST E	IRTHDAY)		DER I YEAR	IF UNDER 24 HRS.
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(24	A	1		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, N	URSING HOME C	R OTHER INST	TUTION	12a USUAL OCCUPA	TION	112	L KIND O	E BUSINESS OR
1	1		/ I	LINTHICUM			-11-	DD ROAD.	21090		SECRETA		C	RGAN	ELIGIOUS IZATION
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mple	/	4	V	HARRY	•	MIDDLE	McCROH			IZABETI			M	AHAR	
00 0		0		VAS DECEASED EVE		MED FORCES?	166. SOCIAL	SECURITY NO.	17. INFORMAN		ADD	RESS LI	NTHI	CUM,	MD.
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yhd o	O E	0		PART I. DEATH		D BY: E CAUSE (o)	mall	sell par	amona	- oft	ung			101	nonths
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gred	9	2	l_	PART 2 OTHER SK	SNIFICANTO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION (SIVEN IN	PART 16	0
27	2	-	CERTIFICATION												
2	ii.	0	₫	19a DATE OF OPER	ATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?				NGS USED OF DEATH?
9	1	1/	E						100		YES NO		YES	_	NO 🗌
3	± a	0		21a. ACCIDENT WAS U	-	1100110 4		H DAY YEAR	21c. HOW IN	IURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 1	B PART 1 C	ORPART 2)	
100		17	₹	(IF EITHER, NOTIFY ME	DICAL EXAMINER	P.	Μ.	19							
£ 5	3 7	16	MEDICAL	214 INJURY OCCU			OF INJURY	EFICE, FARM ETC)	211 LOCATIO	N	CITYOR	OWN	C	OUNTY	STATE
1	0	e x	1	AT WORK AT W	ORK			- /			5 /5-/				
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50	0	4			sed olive on, (did no) view the body	oftendeoth.			our opinion i	deoth occurred on the	dote and h			
	Dep	ž.		22b. SIGNATURE	15	Q	/	,	DEGREE	TTENDING .	_MEDICAL ST	AFF		221 DAJE	SIGNED
RAL	with the State	ž		parte	1	anne	7	P			MEDICAL ST DIRECTOR PHYS	ICIAN 🗌		1/24	162
U.N.	the S	¥ /		22d PHYSICIAN'S N			/		22e ADDRESS)					
0	with v	APORTAN APORTAN		PAUL E.		EY, M.D			ONCOLO			NES H	OSPI	TAL	
	. / 2	_		BURIAL, CREMATION	, REMOVAL	23b. DATE		23c NAME OF C			23d. LOCATION CITY OR TOWN		COL	UNTY	STATE
		-		BURIAL		03-28	-85	GLEN HA					A . A		ARYLAND
16 50	OM 4/8	83		JNERAL DIRECTOR			ADD	PF<<	229	MAAF	E REC'D. BY REGISTRA				
A 15,	4)		H	UBBARD FUI	NERAL	HOME, I	NC. 41	07 WILKE	NS AVE.	IVIC	2 7 1985	140	t'aird	Bon-A	andere

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9
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	TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after divining retained by the hospital or attending physician.
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18041	Ŀ	FOR - STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	0 6 6 8 / EST
2 (2)		CEASED NAME FIRST EOR PRINT)	DERICK G	MACFARLAND	20. DATE OF DEATH MARCH	8. 1985 1201mA
gs 4 may extor. po	3 SE		(White	DATE OF BIRTH ONTH DAY YEAR YEAR	AGE (IN YEARS LAST BIRTH	
\$5 \$5	U	Janulan d	LLSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR ANNE	COUNTY OF DEATH ARUNDEL COUNTY MD.
by the fulled with		GLEN BURNIE	NORTH ARUN	DEL HOSPITAL	120 USUAL OCCUPATION TO STORE WORK FOR MOST OF	WORKING LIFE) INDUSTRY
in 24 hau ly filled in should be ner must be	130.	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUN	TYA SEVENO	Park YES NO X	409 Laur	Lin / Alliel
with with a selected and a selected	14. F/	Tames	Mac Farl	15 MOTHER'S MAIDEN	MIDDLE	Tapman
oe executed nond camp		WAS DECEASED EVER IN U.S. ARM YES POORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 184-01-1	eurity no. 17 INFORMANT	M. Grown-	Same as
certificate b ng physicio banpapers, remaval ic event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	indicio	Acute Cente	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death ned by the attendi please remove coi urial, cremation, o	Z	Conditions, if ony, which gove rise to immediate couse (o), staffing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEO b) DUE TO, OR AS A CONSEO c1 ONDITIONS CONTRIBUTING TO	Chronic 1	Penal fa L'C Hest ERMINAL DISEASE OR COND	Dolling IVEN IN PART 110
beer prior prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJURY	
ond ked	MEDICAL	?1d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN	N COUNTY STATE
A H P O O S T I S I S I S I S I S I S I S I S I S		22a.1 certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did) of	317 . 10	5 , and that in (my) (aur) opin	on death accurred on the date	, 19 , that III (we lost e and hour and from the couses stated
TAL OFF Ny the hor RAL DIRE detoched tote Depit		22b. SIGNATURE		ATTENDING PHYSICIAN		22c. DATE SIGNED
TO HOSPITAL ON ATTEN retained by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of the limpORTANT: if them 21 is		22d PHYSICIAN'S NAME (TYPE OR	SAWHNEY M.D.	22e ADDRESS GLEN	7422 BALTIMO BURNIE, MARYL	RE-ANNAPOLIS BOULEVA AND 21061
BP	(BURIAL, CREMATION, REMOVAL	23b. DATE 236 Mar. 11, 1985	HILLSIDE	Roslyn	Mont market
DHMH - 16 60M 7/84	24 81	uneral director	ADDRESS		AR 1 8 1985	SB. REGIONAN SSIGNATURE

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NO	00	20'	79
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	JARRY L.	MAISEL	3 2	23 85 248,
3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	MONTH DAY YEAR 22 1900	84 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
MARYLAND	UNITED STATES	WIDOWED DIVORCED	ANNE ARUNDE	EL MD.
IB CITY OR TOWN OF DEAT	H 11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
ANNAPOLIS	(IF NOT IN SUCH FACILITY, GIVE STR	0	OWNER SELE	TVINSONIRY
USUAL RESIDENCE (IF NURSIN	GHOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF	L GENERAL HOSTITAL	1 UMNER IETAPLE	ED GOIN BANY
MARYLAND	ANNEARUNDEL ANNAPO		130 STREET ADDRESS / ZIP CO	
14 FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
GEBRGE	MAIS	ANNE	WIDDLE	WARNER
160 WAS DECEASED EVER IN			ADDRESS	1111/102
(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) 216-69	- 2252 WILMA MAI	ISEL (SAME	AS 13)
18 CAUSE OF DEATH	(Enter only one cause per line for (a), (b),	ond (c),		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (0) RESP	iratory Faelu	12	2 hours
	DUE TO, OR AS A CONSEC	DIJENICE OF		
Conditions, if ony,	- 0	onchitas		24 hours
gove rise to imme	ediote			
	DOL TO, OR AS A COTTO	OPD		5 years
PART 2. OTHER SIGN	FICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	
	oronary Arter	ry Dicease		
190 DATE OF OPERATION AS UNDE		CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
E	A SECTION OF THE PROPERTY OF T			TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
710. ACCIDENT WAS UNDE	RLYING 216. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM T	
		DAY YEAR		
(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE		19 211 LOCATION		
WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	-	3/23 8.	3/23	817
220.1 certify that	his hospital) attended the deceased from	"5/	, to	thor(I) we) lost
obove, (I) was (die	did ngt; wew the body after death		deoth occurred on the dote and h	
22b. SIGNATUR	105/15	DEGREE	MEDICAL STAFE	224. DATE SIGNED
()	N College		MEDICAL STAFF DIRECTOR PHYSICIAN	3/23/83
22d PHYSICIAN'S NAM	AE (TYPE OR PRINT)	22e ADDRESS	1 0- 1	111
FW	COLE 44	51 FRANKL	IN ST ANNI	HOUS MA.
230 BURIAL, CREMATION, R		R. NAME OF CEMETERY OR CREMATORY	23d LOCATION	A country State
BURIAL	MARCH 26, 1985 (GLEN HAVEK CEMETER	RY GLEN BURNIE	ANNEARUNGEL MD

etoined by the hospital or ottending physicion.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fillewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medico

IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR BARRANCO FUNERAL HOME

Crosec The state of the s Marie Charles and Land Land American to the second se and Tollars C.

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A 72 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the forshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND 080141 FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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2b. HOUR		REG. NO.				RE
8 (F UNDER 24 L	DAY YEAR	20. DATE OF DEATH MONTH	LAST	WIDDLE		1. DECEA
B IF UNDER 24 H	3 85	3	NG JR.	ForbesM	HENRY	(TITE OK P
	MONTHS DAYS	6. AGE (IN YEARS LAST BIRTHDAY)	OF BIRTH	ACE // /		3. SEX
		48 YRS	6 1916	WHITE	TALE	
	NTY OF DEATH	BALTIMORE CITY OR COUN	D M NEVER MARRIED	CITIZEN OF WHAT COUNTRY?	CE (STATE OR FOREIGN 76	7a. BIRTHI
	WDEL	HUNE HEU	ED DIVORCED		453	1
OF BUSINESS		120 USUAL OCCUPATION UVIZE OF WORK FOR MOST OF WORKING	OR OTHER INSTITUTION	NAME OF HOSPITAL, NURSING	TOWN OF DEATH	IO CITY C
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01	12140	134 STREET ADDRESS	13d. INSIDE CITY LIMITS?	ER INSTITUTION, GIVE RESORVE BEFORE A	13b. COUNTY	130. STAT
e	Hvenue	406 laylor	15. MOTHER'S MAIDEN NA	Hnnapol	D H.T	11
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		ADDRESS	Hanniet	FORCES? ILL SOCIAL SEGUR	ry forb	
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N ONSET AND DEA	2 DETWEEN	CARCINOMA	C COLON	ne couse per line for (a), (b), and (i) METAST	USE OF DEATH (Enter only o RT I. DEATH WAS CAUSED BY	18
mouth	10	CARCATOOTAT	C COLUN	AUSE (O)	IMMEDIATE C	
				DUE TO, OR AS A CONSEQUEN		
_				(b)	litions, if ony, which rise to immediate	gt
				DUE TO, OR AS A CONSEQUEN	e (a), stating the rlying cause last.	
				(c)	(
110	GIVEN IN PART I	IN AL DISEASE OR CONDITION (I NOT RELATED TO THE TERM	iditions <u>contributing to de</u>	Z. OTHER SIGNIFICANT CON	
	FYES, WERE FINDI		ON WAS PERFORMED	196. CONDITION FOR WHICH C	TE OF OPERATION	CERTIFICATION 130
ES OF DEATH?	ERTIFYING CAUSES YES	YES NOW				IFIC
	A 18 PART 1 OR PART 2)	ED (ENTER NATURE OF INJURY IN ITEM		216. TIME OF INJURY	CCIDENT WAS UNDERLYING	210
1				HOUR A.M. MONTH DAY	NTRIBUTING CAUSE OF DEATH	- 00
	COUNTY	CITY OR TOWN	211. LOCATION	21. PLACE OF INJURY	JURY OCCURRED	2
		4	SIREEI	(AT HOME, STREET, FACTORY, OFFICE, FAR	NOT WHILE	₹ w
STATE	0-	2/2	0.	·		
	1,85	3/3	26 1983	ottended the deceosed from	ertify that (1) (this haspital)	
STATE	hour and from the	to 3/3	nd that in (my) our) apinion	7/1	certify that (1) (this hospital)	
STATE		to 3/3	DEGREE	7/1		220
STATE , tha (1) we) I he couses stoted		eoth occurred on the date and h	DEGREE ATTENDING L	7/1	ertify that (1) (this hospital) we the deceased alive of bave (1) (we) (didy(did not)vi	220
STATE , tha (1) we) I he couses stoted		MEDICAL STAFF	DEGREE	w the body after death.	ertify that (1) (this hospital) we the deceased alive of bave (1) (we) (didy(did not)vi	22a
STATE , tha (1) we) I he couses stoted		MEDICAL STAFF	DEGREE ATTENDING PHYSICIAN S	w the body after death.	erify thoy (1) this hospital) w the deceased abre of payer (1) well (did value not) vii	22a
STATE , tha (1) we) I he couses stoted		MEDICAL STAFF PHYSICIAN KUN ST A	DEGREE ATTENDING PHYSICIAN S	which body offer death. See the body offer death. See the body offer death.	w the deceased abre on poore (1) we ided to one of the control of	22a 22b 22d 23a. BURI
STATE , tha (1) we) I he couses stoted		YMEDICAL STAFF YDIRECTOR PHYSICIAN C	DEGREE 1 D ATTENDING PHYSICIAN PHYS	which body offer death. See the body offer death. See the body offer death.	erify tho (1) this hospital) w the deceased always on body (1) well didy did not vi GNATURE HYSICIAN'S NAME (TYPE OR PRI CREMATION, REMOVAL 2	22a 22b
the (1) we) the couses stoted at 85	TOWAPO	MEDICAL STAFF DIRECTOR PHYSICIAN KUN ST A 123d LOCATION CITY OF JOWN SULTIANA E REC'D. BY REGISTRAR 256. REG	DEGREE ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN CEMETERY OF CREMATORY AT HILL	which body offer death. See the body offer death. See the body offer death.	erify tho (1) this hospital) w the deceased always on board (1) well did you on the deceased always on the decease	22d 22d 23o. BURI
1		4			NOT WHILE	AT v

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF D

DEATH	REG.	NO.			
	20. DATE OF DEATH	MONTH	DAY	YEAR	26 H
	march	25	19	85	04

033	1-	FOR STATE REGISTRAR	DEPAR	RETAILED OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
Second decords	(TYPE	CEASED NAME FIRST FIRST FOR PRINT)		MAYS	morch 25	1985 04
ars ofte		Eemale	White	S. DATE OF BIRTH MONTH JUY 22 1914	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS
leoth.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COL	
by the fu	FH	MADE	Kimbrowsh Ara	y Aspital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	10///
filled in hould be	130.5	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUNTY AND MANY		YES NO P	130. STREET ADDRESS	Portland PL
ompletely and 2 si	14. FA	Edward	Shiple	4 ATTE		BARTION POLO Telegraph
Pages I				-4451 Nice Nichod	Doughty -	Severn, mD
ng physicio ban papers r removal. ic event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b),	and (c).) - Rospiratory A	rrest	APPROXIMATE INTE BETWEEN ONSET AN
d by the attendis ease remove carl ial, cremation, or or other traumation		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	nyocardial infa	retion	
signe Then pl to bur njury, o	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
ion. hos been it permit. I iene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES \rightarrow NO [
ocertificate certificate riol-transit entol Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
offending of the bull of the b	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	the state of the s	CITY OR TOWN	COUNTY
Spital or CTOR: Al for use of Mealth		saw the deceased alive on	tal) attended the deceased from 2 T market 19 19 19 19	n 15 march, 19 93	, 10	d hour and from the causes st
by the hore ERAL DIRE e detached State Dept		22b. SIGNATURE	Baklapan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	25 mar
retained by to TO FUNERAL should be det with the State		Robert BAKLA		220. ADDRESS Kimbrough Av	my Hospital	Ft. Moupe n
ē 1.42 ₹		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Elkridge	HOWARD Md

DHMH - 16 50M 4/B2

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Singleton Funeral Home, Glen Burnie, Md. (VRA 15, 4)

REGISTRAR 256 REGISTRAR'S SIGNATURE

The many many that AND THE RESERVE OF THE PARTY OF and the state of t Principle Made a xing Houtel . Here will all the server troops to the state of the stat Land - N. Sand American Marine Street Children and and it between the

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injury, or other troumotic

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	ES1
I DECEASED NAME FIRST	MIDDLE	LAST	Ze. DAIL OF DEATH	DAY YEAR 26 HOUR
JOHN	FRANCIS	MC DONALD	MARCH 20	, 1985 620 PM
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	WE UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
MALE	WHITE	OCT. 16,1915	69 YRS.	MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED &	9 BALTIMORE CITY OR COUNTY ANNE ARUNDE	
GLEN BURNIE	"NORTH ARUNDET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Garage Attendant	
13a STATE 13b. CO	e or other institution, give residence befor DUNTY 136. CITY OR TOW Glen Bur	vn 13d. INSIDE CITY LIMITS? Thie YES □ NO 【]	13e.STREET ADDRESS / ZIP CODE 1310 Oakwood Rd	
14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
Thomas	B. McDona:	ld Ellen	J.	Timmings
	ARMED FORCES? 16b SOCIAL SECULOR SOCIAL SECULOR SITE 214.26.8	(Sis	ter) L. Doerr Same as	
PART I. DEATH WAS CAU	only one cause per line for (a), (b), or USED BY: DIATE CAUSE (a) DUE TO, OR & A CONSEQU	lin arest	(1 = D)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		Sent Diser	7.
		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	PD
196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART + OR PART 2}
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive	ospital) ottended the deceased from an 19 nat) view the body after death.	4	to, to, death accurred on the date and hou	19, that (I) (we) last or and from the couses stated
22b. SIGNATURE	ndi) view file body differ death.	DEGREE	AAFOTCAL STAFF	22c. DATE SIGNED

TO FUNERAL DIRECTOR Inhold be detached for un IMPORTANT. BP

DHMH - 16 50M 4/83 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE March 23,1985 New Cathedral Cem. Burial

22d. PMYSICIAN'S NAME (TYPE OR PRINT)

231. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

23d LOCATION CITY OR TOWN Baltimore

GLEN BURNIE, MAR YLAND

COUNTY STATE

21061

24 FUNERAL DIRECTOR Singleton Funeral Home Glen Burnie, Md.2106

PRESBITERO, M.D.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

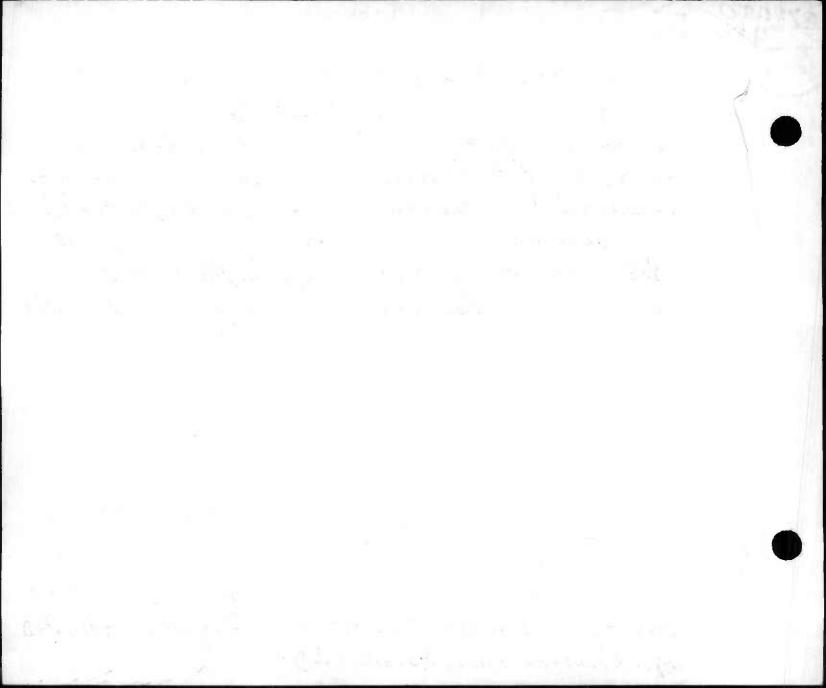
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 2b. HOUR MARVIN 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX BALTIMORE CITY OR COUNTY OF DEATH LSTATE OR FOREIGN MARRIED X NEVER MARRIED WIDOWED DIVORCED 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 17. INFORMANT medical 166 SOCIAL SECURITY NO. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION g 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON NO [] YES [sho Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ö CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE 22a.1 certify that (1) (4bis hospital) attended the deceased from saw the deceased alive an 3/1/abave, (I) (year death did not) view the bady after death. and that in (my) (aux) opinion death accurred an the date and have and from the causes stated 22c. DATE SIGNED 22% SIGNAFAIRE MEDICAL ATTENDING. DIRECTOR PHYSICIAN MADRIANT 226 PHYSICIAN'S NAME 22-ADDRESS 94

DHMH - 16 50M 4/83

(VRA 15, 4)

CREMATION, REMOVAL

23b. DATE



	STATE OF MARTE
OR	DEPARTMENT OF HEALTH AND
TATE	
EC ISTDAD	CERTIFICATE OF I

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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1		REGISTRAR		CLRIII	CALL OF DEATH	REG NO	1/600	
1		EASED NAME FIRST	WIDDLE	į.	AST	20 DATE OF DEATH MONEY	JOSAN TREE	-45
1		HASM	and the same of th	ICHA	EUSON	7	1 85	37+ M
1	3. SEX	E	4. RACE	5 DATE C	DAY YEAR_	6. AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN.
1		r	·VV	3	-7-08		YRS	
		OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	/ /	
4	11	aryland	U) 14	WIDOWE			nael	BUSINESS OR
3	A CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS)	· 111 · w/2/	120 USUAL OCCUPATION (1) ME OF WORK FOR MOST OF WORK REW TRY EO NO	KING LIFE) INDUSTRY	tal
4	USUA	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	era/Mospilas	9		100
2	13a. S	Paryland Anne	e Krundel Severna	Park	134 INSIDE CITY LIMITS? YES NO P	3. STREET ADDRESS / ZIP		21146
	14 FA	THER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NAM	MIDDLE	LAST	
4	6	= Nuera	0. By	UNITYNIA	Anna	ADDRESS	Geoghe	gan
		(AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC (VE WAR OR DATES) 2144	IUU	7 REALINIAL	Michaelse	JAN WALLOURI	5.00
			nly one couse per line far (a), (b), a	7/17	DENSITATION	MICHART	APPROXIM	ATÉ INTERVAL
		PART I. DEATH WAS CAUSI	ED BY:	- free	anest		BETWEENON	SET AIRD DEATH
		IMMEDIA	DUE TO, OR AS A CONSEOL	/		1		
		Conditions, if any, which	(b) Charie	JOA C	uctive bulue	Duary AX	Vea	M.
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
		underlying cause last.	(c)					
	z	Def.	CONDITIONS CONTRIBUTING TO	DEATH BUT	1 4		N GIVEN IN PART I a	
	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	100	20a AUTOPSY? 20b.	IF YES, WERE FINDING	GS USED
1	CERTIFICATION					YES NO P	CERTIFYING CAUSES C	NO
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	DAY VEAD	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
		OR CONTRIBUTING CAUSE OF DE	MIN	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	FARM FIC \	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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			oital) attended the deceased from		, 19	_, to 3/1/85		na (we) lost
			n <u>F20 28</u> 19 at) view the body after death.		nd that in my (our) opinion (death accurred on the date a		
		276 SIGNATURE	7 41/1	0	DEGREE	MEDICAL STAFF	22c. DATE S	IGNED
	1	well walled	WASIM (FOR NO.)	ICHAP	TEGGE PHYSICIAN I	DIRECTOR PHYSICIAN	3/1	182
		THE PHYSICIAN S NAME (TYPE) 11		27e ADDRESS	IN C. Mar	4100 2.	18.
	23a D	URIAL, CREMATION, REMOVA	1 236 DATE 236	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	ITIT. SIL	10/
	1	Becky)	3-4-85 6	len Ha	ven Cemetar	y Wen Carni	e A.A.	MOTE
	24 FU	JNERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR 256 F	REGISTRAR'S SIGNATU	RE
	Ro	bert Barrance	severne PK	ma	2114 CMAR (16 1985 Julian	Davidson-Mande	1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciant should be detached for use as the buriol-transit permit. Then please remove carbonopoper, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval. IMPORTANT: If them 21 is marked of them 18 slows only injury, or other traumatic event, the mission of the properties of the mission of the properties of the

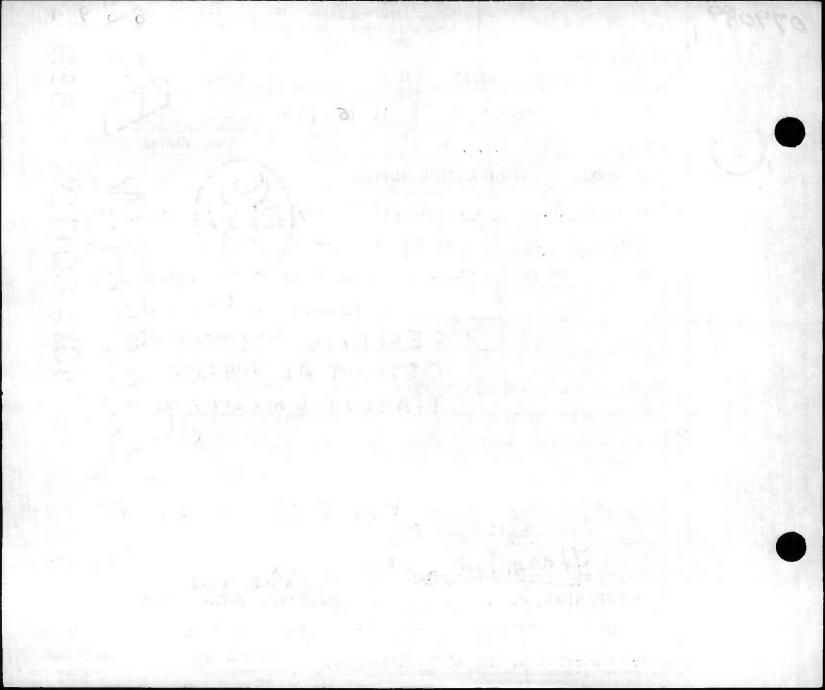
retained by the hospital or attending physicion.

TO HOSPITAL

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	deoth.	A	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or offending physicion.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and campletely filled in thy featurement and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be 1 equal permitted to make the sould be 1 equal to the signer and the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examine (must be
	F 5		_

1089	1.	FOR STATE REGISTRAR	DE	PARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL I ICATE OF DEATH	REG. NO.	EST
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
o e t	(TYPE	FRANCI	S HENRY	MILLE	R	MARCH 12	2, 1985 1050 PM
bod er de	3 SE	x	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0.0		MALE	WHITE	MONI 11	16 18	66 YRS	MONTHS DATS HOURS MIN.
135		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	U.S.A.	NTRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	ANNE ARUNDI	EL COUNTY MD
164	10 C	GLEN BURNIE	NORTH ARUN			12d USUAL OCCUPATION (See of work for most of working Production Fore	126 KIND OF BUSINESS OR INDUSTRY Md. Glasseman Corp.
Sound be	130 5	AL RESIDENCE (IF NURSING HOME OR STATE 1336 CQUN RYLAND A.A.	TY 13c CITY O	e before admission) R TOWN LYN PARK	13d INSIDE CITY LIMITS		DE
d 2 st	14. FA			ST	15 MOTHER'S MAIDEN	WIDDLE	LAST
6		Martin		ller	Margur		Clark
Poges medico		VAS DECEASED EVER IN U.S. ARA (15 NO OR UNKNOWN) YES, NO OR UNKNOWN) WW	WAR OR DATES	L SECURITY NO.	17 INFORMANT	ADDRESS	
S. Po		YES WW	11 216-0	3-3988	Rose Miller	520 Alden Street	t 21225 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a by the attending lease remave carbo ial, cremotion, or re or ather traumatic (Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	BRAL	HEMMORRHAL HYPERTEN	GE 3 week
or to bur	NOT	PART 2. OTHER SIGNIFICANT C		DIAG	SETES	MELLITUS	IVEN IN PARTIO years
Shows on	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO		YES NO NO NO IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
ial-tronsit profit into Hygier		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART OR PART 2)
the bur and Me ked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, (OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
or use as of Health		22a I certify that (I) (this hospit	3/12-1	A	nd that in (my) (our) apin	on deoth accurred on the dote and he	, 19 5, that (I) (we) last
At DIRECT letoched f ste Dept o 7: If Hem 2		abave, (I) (we) (did) (did not 22b. SIGNATURE	randular death.	_ ^	DEGREE ATTENDING PHYSICIAN		3/13/8 .
should be detwith the State		22d PHYSICIAN'S NAME LLYPE OF	0	در.	22e ADDRESS	16TH AVENUE	25
should with the Policy of MPO	23n F	URIAL, CREMATION, REMOVAL	1, IVI. D.	1234 NAME OF	BALTIMO		43
	230 (Buria1	3/16/85		Park Cemeter	CITY OR TOWN	Maryland
·	24.51	JNERAL DIRECTOR		2122		DATE REC'D. BY REGISTRAR 256 REGIS	



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TO HOSPITAL OR ATTEN

BP

STATE OF MARYLAND FOR - STATE

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REGISTRAR		CERTIFICATE OF D	AIN	REG. NO.			EDI
1. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MO	ONTH DAY	YEAR 2b H	IOUR
(TYPE OR PRINT)	IAGNUS	MOFFATT		MARCH	26,	1985	300 _M A
SEX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHO	MONTHS		IDER 24 HRS
Male	Caucasian	4 3	90	94	YRS	DAYS HOU	RS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED X NEVER M	10000	BALTIMORE CITY OR		EATH	
Scotland	U.S.A.		ORCED	ANNE	ARUNDEL	COUNTY	MD.
O CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTI	TUTION	120 USUAL OCCUPATION	126	KIND OF BUS	INESS OR
GLEN BURNI	E NORTH AR	UNDEL HOSPITAL	4	TYPE OF WORK FOR MOST OF W	arine	Shipp	ing
USUAL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION GIVE RESIDENCE		Y HANTS?	13e STREET ADDRESS / 2	IP CODE		
			NO X	315 Wilson	Blvd.	S.W.	2106
4. FATHER'S NAME	MIDDLE (AS		MAIDEN NAM	E MIDDLE		TZASI	
Magnus	Moffa	att Ja	ne	MIDDLE		Tait	
60. WAS DECEASED EVER IN U.S	S GIVE WAR OR DATES)	SECURITY NO. 17. INFORMAN		en Burnie,	Maryla	and 21	061
No	213-1	LO-9572Mary A	. Moff	Fatt 315 W	ilson		
18 CAUSE OF DEATH (Ent	er anly one cause per line for (a), (b), and ic)		a . /		APPROXIMATE I	NTERVAL AND DEATH
PART I. DEATH WAS CA	DIATE CAUSE (a)	gesowe He	all.	tarlow		4c	m
	DUE TO, OR AS A CON-	SEQUENCE OF		Farlera asala De		0	
Canditions, if any, which	// 4	Beclertie C	anto U	asoular De	erse	40	na
gave rise to immediate cause (a), stating the							
underlying cause last							
	INT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONDIT	TION GIVEN IN	PART IIa	
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING							
M 190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFOR	MED	200 AUTOPSY?	NOB. IF YES, WER	CAUSES OF D	JSED EATH?
<u> </u>				YES NO	YES	NO	
00 00 170 10 170 10 10 10 10 10 10 10 10 10 10 10 10 10			URY OCCURRE	D (ENTER NATURE OF INJURY I	N ITEM 18 PART 10	R PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAL	OF DEATH	19					
(IF EITHER, NOTIFY MEDICAL EXA.	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	211 LOCATIO	N	CITY OR TOWN		OUNTY	STATE
WHILE NOT WHILE AT WORK]	7 132. 7 5000, 612. 7			,	. 103	
220.1 certify that (I) (this h	nospital) attended the deceased f	rom 3-22	19 85	_, 103-26	19.8	that (I) (we) lost
saw the deceased aliv	re on 3 ~ 26 id nat) yiew the body ofter death.	19 ond that in (my) (our) opinion de	eath accurred on the date	and hour and	from the couse	s stated
226 SIGNATURE	#	DEGREE			2	2c. DATE SIGN	ED
4	122 11 1		TENDING HYSICIAN	MEDICAL STAFF	ПИ	3-25-	83-
224. PHYSICIAN'S NAME (1	TYPE OR PRINT)	27e ADDRESS		S AQUAHART			
SANG C	DOH. M.D.	//		IRNIE, MARYL		1061	
230. BURIAL, CREMATION, REMO		23¢ NAME OF CEMETERY OR C	REMATORY	1234 LOCATION			
Cremation	3/26/85	Westview ere	matory	Catonsvi	lle Ba	ilto.	Md':
24. FUNERAL DIRECTOR				REC'D. BY REGISTRAR 25			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban raper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MADRIANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event in

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Raymond C. Fink Glen Burnie, Md. 21061 MAR 27 1985 Mia Davidson Randalle

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	ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may apprecian	ECTOR. After the certificate has been signed by the ottending physician and camples of the funeral director, pagent for use of the beautified of the filed within 72 four other decided the state of the birds of the physician common or in the state of the birds of the physician common or in the state of the state of the birds of the physician common or in the state of
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E -	I. DEC	REGISTRAR CEASED NAME FIRST		MIDDLE		FICATE OF DEATH	REG.		YEAR 26 HOU
		OR PRINT	MOND	CLARENC	E MONK		MARCH	12,	1985 53
	3 SEX	male	4. RACE	IK	5. DATE O	H DAY YEAR		YRS.	NDER I YEAR IF UNDER
200	1	RTHPLACE (SLATE OR FOREIGN	U.	S. A.	WIDOW		ANNE	ARUNDEL	COUNTY
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70	13e. 5	N.C. 13b.CC	OR OTHER INSTITUT	131 CITY OF TO	MWN	13d. Inside city limits? Yes No 🗌	107 N.	HERMAN	15%
0/6	6	eorge	MIDDIE	Mo	nK	MAGGI	E MIDOLE		Monk
33	hie W	AS DECEASED EVER IN U.S.	ARMED FORCE GIVE WAR OR DATE		-0623	RAYMING	MonkJ	RESS 331 R. Sui	7 Kanda Hand, M
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notic		IMMED		OR AS A CONSEC	QUENCE OF		<i>al a</i>		
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r to buria injury, ar	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS	S CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TE	rminal disease or co	ndition given	IN PART 1:a
Own Brus	CERTIFICATION	190 DATE OF OPERATION	19b CO	ndition for which	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS USED G CAUSES OF DEAT NO
0	ICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	OEATH HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	ORPART 2)
k ond M	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY E STREET, FACTORY, OFFICE	E FARM ETC)	STREET &	PO-NRE T	OWN SEVER	COUNTY ASA- IS
of Health		22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on	19		nd that in (my) (aur) opinio	, to, to	date and havr an	, that (t) (v
ore Dept.	Ñ	22b. SIGNATURE	al	ren		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	3/12
PORTAN		SERGIO V		. M.D.		22e ADDRESS	300 HOSPITAL	L DRIVE,	
1 3	23a B	URIAL, CREMATION, REMOV		23		CEMETERY OR CREMATOR			DUNTY 51

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0140	r	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 0	6697
(A)		CEASED NAME PIRST OR PRINT)	25 Here my	Murdock S. DATE OF BIRTH	20. DATE OF DEATH MONTH 3 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 7 1 PM IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
35	7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY USA	Y? 8 MARRIED NEVER MARRIED WIDOWED	9 BALTIMORE CITY OR COUNT Anne Avur	
14	G	AL RESIDENCE (IF NURSING HOME O	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION EET ADDRESS! NDEL HOSPITAL DRE ADMISSION!	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	
mpletely filled and 2 shrufall exchange	14. FA	THER'S NAME FIRST A M		13d INSIDE CITY LIMITS? YES ☑ NO ☐ 15. MOTHER'S MAIDEN NO.	13. STREET ADDRESS / ZIP COL	36ACH RN 21122
rs. Pages 1 pu	16a V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEI	CURITY NO. 17 INFORMANT 7 7020 21/1/12	ADDRESS WWW.DOUK	
ing physici rbonpope ir removol. ic event, th		PART 1. DEATH WAS CAUS	TE CAUSE (0)	chary Edem	9	BETWEEN ONSET AND DEATH Sew minutes
r the attend e remove co cremotion, c		Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OP AS A CONSEC	nition	Cially	5-6 wentt
n signed by Then pleos r to buriol, injury, or of	NOI		conditions contributing to	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1:0
ysicion. Icote has bee ronsit permit. Hygiene prio	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	Renal a	CHOPERATION WAS PERFORMED LOEND CATCHOMO 1216 HOW INJURY OCCUP	YES NO NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO
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TOR: After for use as t of Health a		22a. I certify that (1) (this hospon the deceased alive a	n 19		death accurred on the date and ha	, 19, that (1) (we) last our and from the couses stated
by the hos ERAL DIREC e detached State Dept ANT: If them		226 SIGNATURE	Seles to Mi	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Merch 1 1985.
TO FUNERAL should be det with the Stote IMPORTANT:	23a. I	JAME.	s Biles	GLEN NAME OF CEMETERY OR CREMATORY	BURNIE, MARY	DRIVE 34,76 and 21061 (204)
BP MH - 16 60M 7/84		INERAL DIRECTOS	3/6/55	M+ 2, ON CNUN	TE REC'D. BY REGISTRAR 25 REGIS	STRAND SIGNIBLIRE
(VRA 15, 4)		.,,,,,,,,	- 121191	MAR O	4 1900.	*

DHMH - 16 60M 7/84 (VRA 15, 4)

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077040	L	FOR - STATE REGISTRAR			STATE OF MARYLA MENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIE DEATH	REG. N		6 5 9
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ge 4 moy	3. SE	× Male	4 RACE	hite	5. DATE OF BIRTH	iô 6	AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR IF UNDER 2 ONTHS DAYS HOURS
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MAKTIAND 2120 ed within 24 hours mplinely filled in to and 2 should be fill the filled in the filled in the fill the filled in the filled in the fill	13a.	AL RESIDENCE (IF NURSING F STATE 136. aryland	OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW Pasaden	N 13d INSIDE C	ITY LIMITS? 1:	e STREET ADDRESS		21122
making and 2 st	14. F	John	MIDDLE M.	'^Mur	phy Ma	S MAIDEN NAME FIRST LY	WIDDLE		Birmingham
MOKE,		WAS DECEASED EVER IN L	J.S. ARMED FORCES YES, GIVE WAR OR DATES			NI Murphy	ADDRE Same	as 13	е
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE ING PHYSICIAN: The law requires that the death certificate be executive that the sertificate has been signed by the attending physician and to sthe burial-transit permit. Then please remove carbon papiers Progressish and Mental Hygiene prior to burial, cremation, or removal orked or flow 18 shows any injury, or other traumatic event, the medical corked or flow.		Conditions, il ony, wh gove rise to immedi couse (o), stoting underlying couse la	ACDIATE CAUSE (o), DUE TO ich ofte the osst. (c),	OR AS A CONSEQUE	NCE OF	TO THE TERMIN	AL DISEASE OR CON	R	N IN PART 1(0
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PITAL OR ATTEND by the hospital or VERAL DIRECTOR: A ce detached for use State Dept of Heo AMT: If them 21 is m	MEI	WHILE NOT WHILE AT WORK 22a I certify that (I) (this sow the decrosed a obove, (I-We) (did) 22b. SIGNATURE	i hospitol) ottended live on add off view the bo	the deceosed from	ARM, ETC.) STREET	Our) opinion dec	oth occurred on the do	g,) ote and hour	9 that (I) (wond from the couses state 22c. DAJL SIGNED NAPOLIS POU
TO HOS To Fun shauld Import	230	DALJET BURIAL CREMATION, REM	S. SAWHN		JAME OF CEMETERY OR C	GLEN BUI	RNIE, MARY	LANI)	21051

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

3/12/85

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d. LOCATION Balto

COUNTY

EST

MD.

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

Md

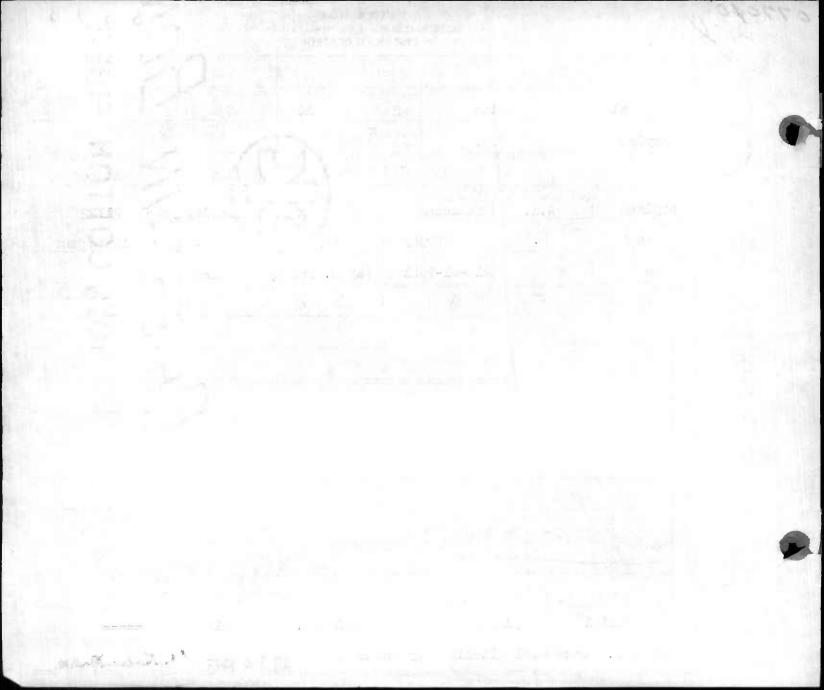
IF UNDER 24 HRS

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23¢ NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

1 4. Trividion Bandese



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		REGISTRAR		14.14	DEI ANTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	O.		ŀ
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	3 SE			RACE		S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF U		DER 2
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/E/	14. FA	ATHER'S NAME FIRST	M	AIDDŰE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
Por	1	Salvat	ore		Nicolos	si	Rosalie			Patt	í
ledicol /		WAS DECEASED EVER			166 SOCIAL SECL	IRITY NO.	17 INFORMANT	ADDRE	SS		
ned		YES, NO OR UNKNOWN)		WAR OR DATES	106/07/	9541	Salvatore	J. Nicolo	si (so	n) sam	e
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tentol Hygene prior to buriol, cremotion, or removitem 1880ows any injury, or other troumatic event	ICAL CERTIFICATION	Conditions, if ony gave rise to im couse (a), statis underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	IMMEDIATE I, which mediate ng the e last. NIFICANT CO IDERLYING CAUSE OF DEAT HICAL EXAMINER)	DUE TO, OI (c) ONDITIONS CO Tought on Hour A.	RAS A CONSEQUION RAS A	ENCE OF DEATH BUT S C SHA	NOT RELATED TO THE TERM THE TERM WAS PERFORMED 21¢ HOW INJURY OCCUR	AINAL DISEASE OR CON LEGISLATION 200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	IN PART I (3)	JSED EATH
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Holy Sepulchre

Burial 5 March 1985 Holy Sepulo 24 FUNERAL DIRECTOR Burnie, MD

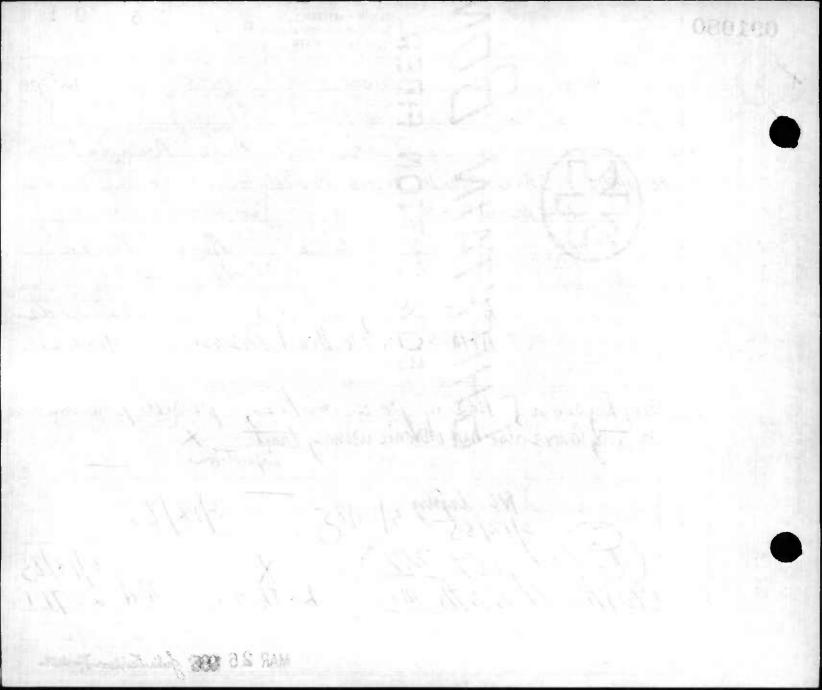
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chre Cheekowaga, Erie N. X

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

031000	1 - STATE REGISTRAR	CERTIFICATE OF DEAT		
1 B)	1. DECEASED NAME FIRST DO RO THY	MIDDLE LAST NISEN	20. DATE OF DEATH MONTH 3-18-85 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 1230 M
Poget m	Fenale	white MANTH 12/5/05	79 YRS.	MONTHS DAYS HOURS MIN
1 1 1 1 1 1 1	Maryland	MARRIED NEVER MARR WIDOWED DIVORC	CED Anne And	126 KIND OF BUSINESS OR
hours off d in by th d he tiled i	ANNAPOL'S USUAL RESIDENCE (IF NURSING HOME OR OTHER) 130. STATE, 1139. COUNTY	. I 13c. CITY OR TOWN 13d INSIDE CITY LI	INITS? 130 STREET ADDRESS / ZIP COD	Home
ARYLAND (within 24 planty 15s (b) 2 should	Md. ANNE A	runder PasadeNA YES DK NO 15. MOTHER'S MAI	□ 600 Arundel Ra	P 1451/
IMORE, M	160 WAS DECEASED EVER IN U.S. ARMED F [YES, NO OR UNKNOWN] (IF YES, GIVE WAR O		Hatfield address	hove
ST., BALT entiticate to to physicia removal.		USE 10) Acute Bromary occlu		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON out the death c by the attender sse remark out i, cremition or other traumatic	gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF HEAD	ert Disease	years
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the other ding physician. When this certificate has been signed as the build-transit permit. Then ples the and Mental Hygiene prior to burion orked or them? 8 shows any injury, or	PART 2. OTHER SIGNIFICANT CONDITION INI. DIAJE OF OPPRATION Turne and The Condition of Th	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TE MAD a pace ma	FUZ POSSIFIED THE FEYER IN CERTIF	preumon
NOF VITA VSICIAN: The ling physicial physicial physicial varial-transfer world! Transfer them 18 shall by given them 18 shall be given the shall be given the shall be given to the shall be given the shall be giv	OR CONTRIBUTE CAUSE OF DEATH OF ETHER, NOTHY MEDICAL EXAMINER)	1k TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 1k PLACE OF INJURY 211: LOCATION	Charles	test hos
DIVISIO TENDING PHY itel or ottend OR: After this or use as the b if Health and A if is marked of	27a I certify that ill this hospital of	MONEY THE TAKEN MINISTER AND THE TOTAL THE TOTAL TOTAL TOTAL THE T	to 3/18/8	5 that (If (we) lost and from the casues stated
by the hosp by the hosp ERAL DIRECT e detached for Stote Dept. o	object. (I/(we) idid it did not ive	ATTEN	DING MEDICAL STAFF	22c. DATE SIGNED 3/18/8
TO HOSPII retoined b TO FUNEF should be with the SI	230. BURIAL, CREMATION, REMOVAL 23b.	Wirth INI) L	atory 23d LOCATION	d 20711
BP	BUNIA M	Earch 21,1985 Fort Line	John Brentwood	TRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	Donaldson Fun	renal Home Lounel, Md	MAR 26 1985 Julia.	Davidson-Rondall



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

	REGISTRAR				CERTIF	ICATE O	DEATH	RE	EG. NO.		
	CEASED NAME E OR PRINT)	FIRST	ma	NIDDLE	0'5	shea		20 DATE OF DEA	3/13/	SAY YEAR	9 A M
3. SE	× Female	4.	RACE Whi	te	Marc		1900	6 AGE (IN YEARS I	1 1	IF UNDER 1 YEAR	IF UNDER 24 HRS
	RTHPLACE (STATE OR F COUNTRY) Maryland		U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE		R MARRIED DIVORCED	Anne	Arundel	OF DEATH	MD
10. CITY OR TOWN OF DEATH Crofton			Crofto	OSPITAL, NURSING FRACILITY, GIVE STREET AI N CONVAL.	Cent		NSTITUTION	12a USUAL OCC (TYPE OF WORK FOR Record	MOST OF WORKING LIF		if BUSINESS OR
13a. S Ma	aryland	Anne A	rundel	Crofton		YES 🔀	E CITY LIMITS? NO [] R'S MAIDEN NA/	1736 Ta	RESS / ZIP CODE reytown	Avenue	21114
16a V	FIRST	lter (VAR OR DATES)	16b SOCIAL SECUR	111 NO. 88A	17 INFOR	MANT	nnie	ADDRESS	Same	
NO	PART 2 OTHER SIGN	MAS CAUSED I IMMEDIATE (, which nediote ng the last.	DUE TO, OF DUE TO, OF (c)	R AS A CONFEQUEN	NCE OF	NOT RELAT	hear	1 fa	Luce CONDITION GIV	M	mate interval onset and beath im gry
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WH		TION FOR WHICH (H OPERATION WAS PERFORMED			20a AUTOPSY	CERTIF	, WERE FINDIN YING CAUSES S		
MEDICAL CER	21e. ACCIDENT WAS UNIT OR CONTRIBUTING [] IS ETHER. NOTEY MEDI 21d. INJURY OCCURR WHILE NOT WHAT WOOR AT WO 22e. I certify that (I) saw the deceose obove, (I) (we) (s 22b. SIGNATURE	CAUSE OF DEATH CALEXAMINER) RED THE (his hospital	P./ 21e. PLACE ((AT HOME, STR	M. MONTH DA' M. DE INJURY EET, FACTORY, OFFICE, FA	19 RM, ETC.)	and that in (n	ny) (our) apinion	death occurred on	the date and hou	COUNTY .	
	22d PHYSICIAN'S N	AME (TYPE OR P	RINT)	200		22 ADDI	RESS	110	10		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, or

MPORTANT: If hem 21

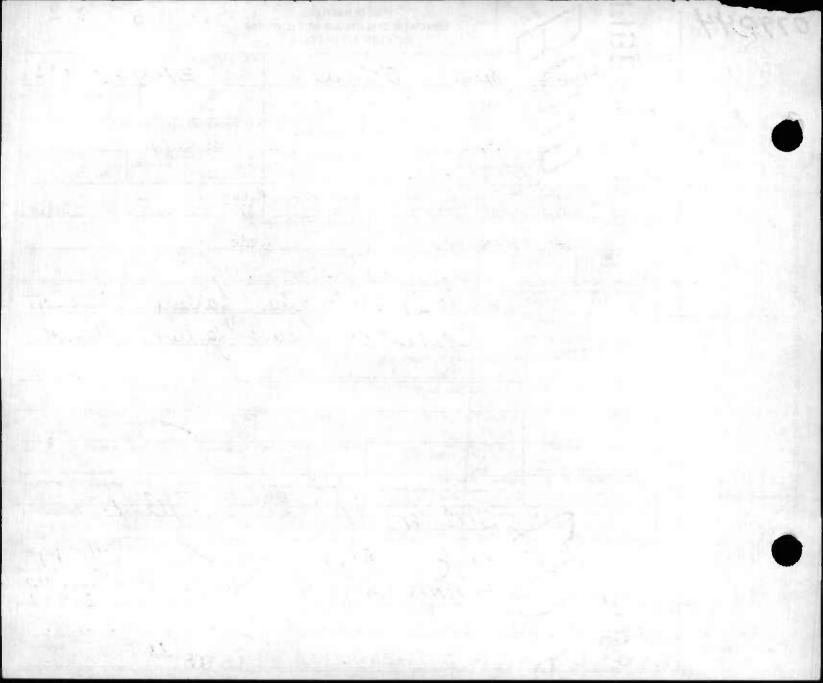
236. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL
24. FUNERAL DIRECTOR 23b. DATE 03/16/1985

Woodlawn Cemetery

Voodlawn, Balto.Co., Md.

Burgee-Henss Funeral Home 3631 Falls Rd.21211

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours of
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by the funeral director, p

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST	A	AIDDLE	L	AST	2a DATE OF DEATH	MONTH DA	AY YEAR	2b. HOU	R
	G	eorge	Will	bert	Parl	ker	March 7,	1985	- 1	10:	41 M
3. SE	(3 7 4 4	. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER TYEAR	IF UNDER	24 HRS MIN.
4	Male		White	2	July	14, 1904	80	YRS.			
(RTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIET	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
Ba	altimore		USA	4	WIDOWE		Anne A	runde1	Count	у	MD.
10. CI	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPATI		12b. KIND O	F BUSINE	SSOR
	len Burnie		Nort	h Arundel	Hosp	ital	Retired		Machi	nist	
13a. S	aryland	136 COUNT	Y	Glen Bur	N I	13d. INSIDE CITY LIMITS? YES	13e. STREET ADDRESS 526 Newfi	eld Ro	ad 2	1061	
14. FA	THER'S NAME		IDDIE	1457		15. MOTHER'S MAIDEN NAM	WE		IAS		
	John		, out	Parker		Annie	MIDDLE		Brow		
	VAS DECEASED EVER		ED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS			T E
	Vo	(# 763, 5146	WAR OR DATES;	217-01-8	466	Mary E. Midd	leton, Same	as 13			
	18 CAUSE OF DEA	TH (Enter only	one couse per	line for(o), (b), one	d (c).)				BETWEEN	MATE INTER	VAL DEATH
	PART I. DEATH V	IMMEDIATE		Cerut	e ne	cosite, myser	od untre	Tim	per	condi	
	Carallei and it		DUE TO, OF	R AS A CONSEQUE		motion her			Me	w	
	Conditions, if ony gove rise to im couse (a), stati	mediote				2004-1-1-2					
		e lost.	DUE 10, OF	R AS A CONSEQUE	NCEOF						
	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO [EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01	=
NO											
CERTIFICATION	19a DATE OF OPERA	ATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEAT	H?
ERTI	21g ACCIDENT WAS UP	NDERLYING []	21b. TIME O	F IN ILIRY		21c. HOW INJURY OCCURR	YES NO Y	YES NAME OF THE PARTY OF THE PA		NO [
0 1	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA	YEAR	THE TIOM HAJORI OCCORN	(ENTER NATURE OF INJU	TT IN HEM ID PAR	II I OR PART 2)		
MEDICAL	116 INJURY OCCUR		21e. PLACE (19	211 LOCATION					
ME		HILE -		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	S	TATE
	22a.l certify tho		ol) ottended the	deceosed from_	3/	29 , 19 77		, 10	85	that (1) v	we) lost
	sow the deceo obove (1) (we)	sed olive on (did)(did not)	view the body	ofter death.		d that in (my) (our) opinion o	death occurred on the de	ote and hour	ond from the	couses sto	ted
	226. SIGNATURE	Queau	20 0	m Con		DEGREE ATTENDING PHYSICIAN	MEDICAL STAIL	FF CIAN []	3 7	SIGNED 1/85	-
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS					
	Fernan	do Que	ral, M.	D.		4000 Annapol	lis Road				
	SURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		TATE
	Burial		March	11.85 G	len H	aven Mem. Pk.	Glen Bur	nie .	AA	M)
24. FU	UNERAL DIRECTOR			_ADDRESS .		25a. DATE	REC'D. BY REGISTRAR	251 REGISTIN	AR'S JGNAT	Althodal	22_
	James S	. Kirk	ley, Gl	len Burni	e, MD	MA	IR 8 1985				

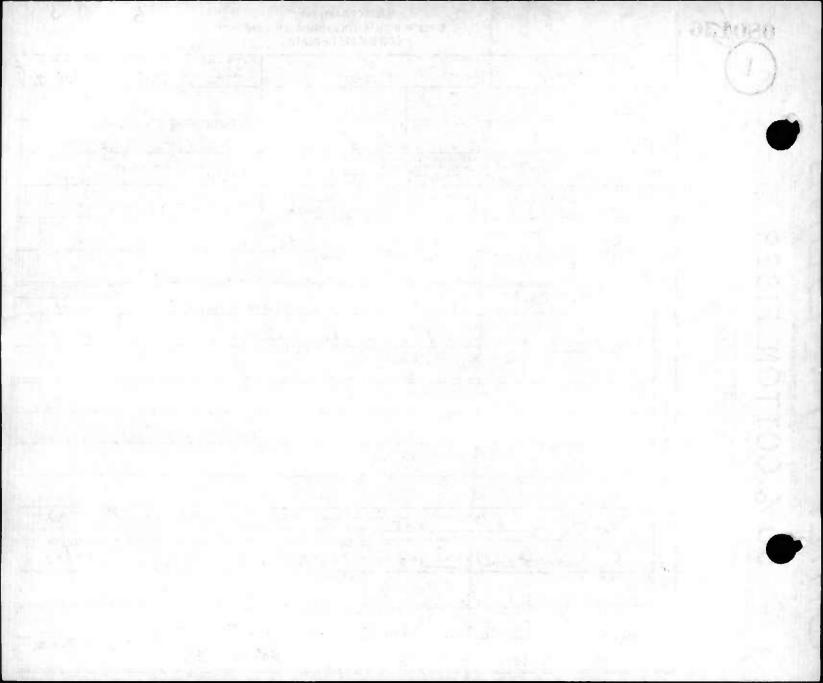
BP DHMH-16 30M 2/80 (VRA 15, 4)

retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mintell transfer permit. It burial, cremation, or removal.

njury, or other troumatic eventyth

IMPORTANT: If Item 21 is marked on



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagishould be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after decided to the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

081430

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

5

1	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	, ,	
	DECEASED NAME FIRST	MIDDLE	- t	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
L	Margai	ret	Pa	arks	March 18, 1985		M
3. 5	Female	White	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUP	VIRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
	Maryland	USA	WIDOWE	DY DIVORCED	Anne Arundel		MD
	Severn	11. NAME OF HOSPITAL, N (IE NOT IN SUCH FACILITY, GIVE At Home	STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	LIFE) INDUSTRY	F BUSINESS OR
130	Maryland 136 COUNTY A	NTY 13c CITY OF	RTOWN	YES NO 🔀	13e. STREET ADDRESS 1215 Thompson	Avenue	21144
14	Charles	E. Her	neman	15 MOTHER'S MAIDEN NAM	ME Agnes	Ric	ler
160		E WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS	Severn,	
H	No l)9-2991 <i>F</i>	Tressie Tow	nsend, 1224 Tho	mpson Av	enue.
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	d lope	Imanary K	Arest	BETWEEN	MATE INTERVAL INSET AND DEATH
TION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (A)	professions	SEQUENCE OF K L, O S CL	ente Cardio NOT RELATED TO THE TERM	c Vascular Dis	IVEN IN PART 1(0	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	n was performed	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	GS USED OF DEATH?
2.1	00 00 00 00 00 00 00 00 00 00 00 00 00		H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, C	DFFICE, FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (1) (this hosping sow the deceased alive an above (1) (we) (did) (did no	tal) attended the deceased		nd that in (my) (our) opinion o	, to <u>J = 18</u> deoth occurred on the date and ha		ha (1) we) last auses stated
	22b. SIGNATURE	Rev		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE 5	GIGNED 9-85
	Edwar of	Sheway		8726LA	benty PUAZ	Testina.	ely.
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory laven Cem. Par	23d LOCATION CITYORTOWN R Glen Burnie	COUNTY	STATE MD
24	James S. Kir	kley, Glen Bu	rrie, MD		R 2 0 1985	STRAR'S SIGNATI	JRE

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

18048	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		6705
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
beorge Heort		GLAD	The state of the s	PRATALI	MARCH 1	5, 1985 713 AN
ge 4 mc	3. SE	Female	White	5. DATE OF BIRTH JUNE 18, 1903	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	FUNDER LYEAR FUNDER 24 HRS
eath. Po	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT ANNE ARUNI	
s ofter d	10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NOR'LH ARUNDE!	G HOME OR OTHER INSTITUTION ADDRESS) L HOS PITAL	128 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
24 hour filled in hould be f	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUL		ADMISSION) 136 INSIDE CITY LIMITS?	13e.STREET_ADDRESS / ZI/ CO	Drive 21401
ompletely and 2 sh	14 FA	THER'S NAME FIRST WILLIAM	MIDDLE Wichler	15. MOTHER'S MAIDEN N	AME MIDDLE ROOM	riquez
be execution and co		VAS DECEASED EVER IN U.S. AR YES, NOORUNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 453-01-	17 INFORMANT WILL	lam J. Bakul	# 13
physicia physicia in popers imoval.		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and D BY: E CAUSE (a)	re Confee	e'ne	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
th cer nding corbo or re natic e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO, OR AS A CONSEQUE	nobered Le	ilure will	_
by the ottendi se remare co , cremation, a		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF Pump.	failure.	
signed k hen plea to buriol	NO	PART 2 OTHER SIGNIFICANT ((c) CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART I IO
The low relicion. te hos been sit permit. I giene prior shows ony ii	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \)
rySICIAN: The ding physicic is certificate burial-tronsit Mentol Hygic or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	lund lund
ond of ked	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
haspital or haspital or ed for use of pt of Health em 21 is mor		sow the deceased alive on	of ottended the deceosed from	, and that in (my) (our) opinio	n death occurred on the date and ha	, 19
he ho DIRE tochec Depti		22b. SIGNATURE	0 9	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
HOSPI Inned b FUNE buld be th the Si		DALJIT S. S	AWHNEY M.D.		422 BALTIMORE-AN	
PP		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION /	Color tours
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME OF FUNCTAL	Chape / ANN	ADOLS MD. 15M	TERET D 8 Y 408 SAR JAB REC	STRAR'S SIGNATURE
			1	1		

120 F A The same and the s TOXILLE A JOHN CA-MAN THE STATE OF THE STATE

2116	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6/06
(2)	DECEASED NAME FIRST TYPE OR PRINT) ELE AND SEX	MIDDLE D.	REES E 5. DATE OF BIRTH	20. DATE OF DEATH MONTH 3 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 27 ST. 4:30PA
	Female BIRTHPLACE (STATE OR FOREIGN Harrisbury Pa	white 7b. CITIZEN OF WHAT COUNTRY? U.S.A.	JUTY 10,1897 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
15 5	CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET /		Anne Arunel 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
	SUAL RESIDENCE (IF MURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS? PILLS YES NO 1	13e.STREET ADDRESS / ZIP CC 932 Autumn	DE //BOUSE
and a second	FATHER'S NAME Miles WAS DECEASED EVER IN U.S. A	A. DeSilve		ME MIDDLE ADDRESS	Makibbin
d ge	(YES, NO OR UNKNOWN) (IF YES, G	196-14-	3847 Philip Ree	se same as 1:	3 e . BETWEEN ONSET AND DEATH
d by the attending phesser remave carbangion, or remotion, or remorar arother troumatic even		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	nce of 3 fe and	ation_	2 08.
y, y	PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	oxeleratic Ca	EATH BUT NOT RELATED TO THE TERM ADio - Valcula OPERATION WAS PERFORMED	100 AUTOPSY? 206. IF Y	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{VOID} \)
this certificate the burial-tronsit and Mentol Hydre door from 18 at	A COLUMN TO THE	HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	
CTOR: After d far use os the control of the use os the column of the col	220 I certify that () (this hasp	nitol) attended the deceased from	ond that in (our) opinion of	. to	
VERAL DIRE be detached Stote Dept TANT: If her	THE PHYSICIAN'S MAME (TYPE	ORPRINT)	DEGREE ATTENDING PHYSICIAN D 720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/27/85
should with the IMPOR	+ BARRY	K. NATHANSO	ON 51 FRAN	KLIN ST A	WAR, MI.

DHMH - 16 60M 7/B4

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation 24 FUNERAL DIRECTOR

Hardesty Funeral Home

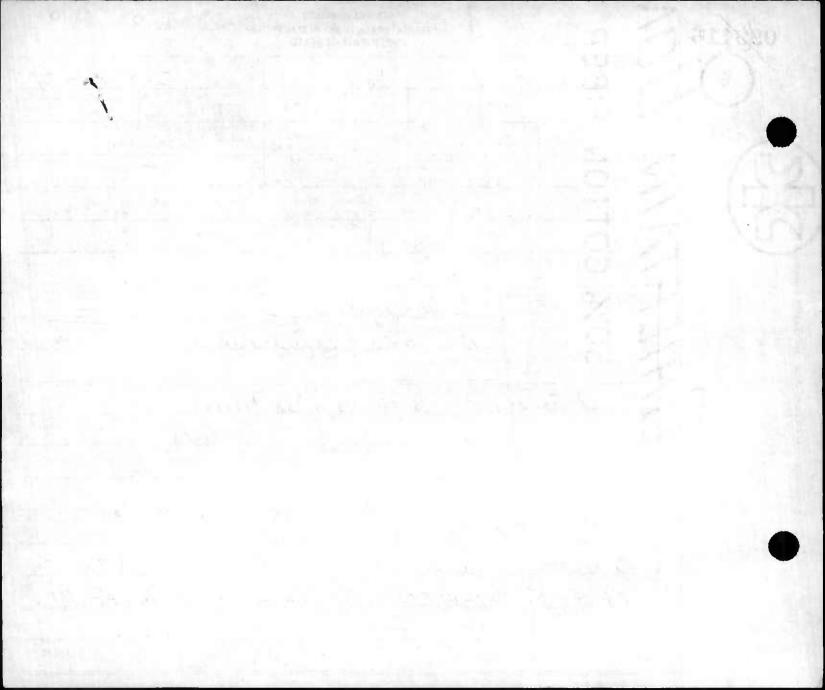
23b. DATE

3/28/85

23d LOCATION COUNTY
y Baltimore, Md. Westview Crematory

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
APR 4 1985 12000Ridgely Ave. Annapolis.Md. 2

STATE



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POUTO	

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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5	U	0	-		

	REGISTRAR				CENTII	IICAIL OI DEA	111	REG. NO		EST	
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
1	CORPRINT	VERA		J.	F	REIER		MARCH 5, 198	5	2:50 P	
3. SI			4 RACE			OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAIS	HOURS MIN.	
	Female		Whit	е	7	9 4	F2	42 YRS			
7a. E	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky 10. CITY OR TOWN OF DEATH		76. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.		MARRIED L NEVER MARRIED L WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION		9 BALTIMORE CITY OR COUNT	OF DEATH			
							ANNE ARUNDEL C	OUNTY	M		
10							(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		F BUSINESS OR		
	LEN BURN		NORTH ARUNDEI				Foreman-Assembly	Gen.	Electri		
130	STATE	13b COU	NTY	13c CITY OR TOW	N	134 INSIDE CITY L	IMITS?	13e STREET ADDRESS / ZIP CODE 216 Kuethe Road	070/7		
_	aryland		A.A.	Glen Bur	nle				d 21061		
1	ATHER'S NAME		MIDDLE	Gibs		15. MOTHER'S MA	sa.	WIDDIE	LA	51	
	Dewey	ties blues as					sa	G 22290000		upe	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI		VE WAR OR DATES)	219-40-8929					nie, Md		
	NO			219-40-	0-8929 Wilda F.		. Kel	ler 113 N. Mead			
	18 CAUSE OF DEATH Enter only one couse per line for my (b), and ich PART I. DEATH WAS CAUSED IN RESIDENTIAL FOR THE CAUSE (a) IMMEDIATE CAUSE (a)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		100	rap								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: Conditions, if ony, which gove rise to immediate (b) Market August 10 Concerns Concerns									mostin	
	couse (a),	DUE TO, C	r as a consequence of					1			
	(c)										
Z	PART 2 OTHER	SIGNIFICANT	.)			NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1	D	
ATE	190 DATE OF OF	PERATION		19 CONDITION FOR WHICH OPERATION WAS PERFORMED			20g AUTOPSY? 206. IF YE	S, WERE FINDI	NGS LISED		
CERTIFICATION	IN DATE OF C.	EKKITOTT					YES NOTE YES NO				
ERT	21a. ACCIDENT WA	S UNDERLYING	21b. TIME (OF INJURY		21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18		NO []	
	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	.M. MONTH DA							
MEDICAL	21d INJURY OC	CURRED		.M. OF INJURY	19	211 LOCATION					
MEC		OT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE	
			. 5	1 1 1	1-	18	25	3-5	10 85	al a district of la	
				deceased from_	85	and that in (my) (pur)	DBINION C	death occurred on the date and hou	r and from the	courses stated	
	obove, (I) (v		t will will body	after death.		DEGREE				SIGNED	
	228. SIGNATUR	Y	11	142.		ATTEN	NDING I	MEDICAL STAFF		-85	
1	PHYSICIAN DIRECTOR PHYSICIAN									-03	
				,		ZZE ADDRESS		OAKWOOD ROAD #1			
_		S. HSU,						BURNIE, MARYLAN	D 21061	<u> </u>	
230.	(SPECIFY) Bu	ON, REMOVAL	3/9/8	0 ~		CEMETERY OR CREM		23d LOCATION		57.75	
1		L _LCt _L	1 7/9/0	27 1 1	on H	STEON MON	Die	Class Barrent -	COUNTY	34.7	
	LINEPAL DIPECTO		2/9/0	G.	len H	aven Mem :		Glen Burnie	A.A.	Mď	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

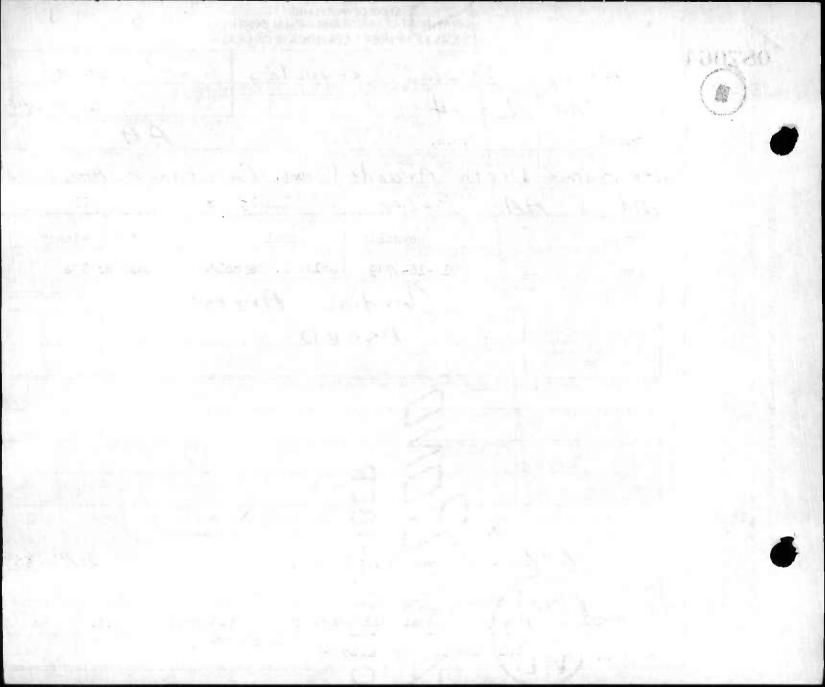
BP.

George J. Gonce 4001 Ritchie™ Hgwy Balto Md

MAR 1 1 1985 Gulia Savidson-Rondara

31-2-1

7	1-	FOR STATE REGISTRAR		STATE OF PARTMENT OF HEALT CAL EXAMINER'S		0	6 7 0 8		
087064	I. DEC	EASED NAME FIRST OR PRINT) GEORGE 14. RACE CAU	C11	DODLE JOO S 6 AGE (IN YEARS IF U LAST BIRTHDAY) MOR	eynold NDERTI YR. IF UNDER THS DAYS HOURS	20 DATE KNOWN OF ESTI- DEATH MATED 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 26. HOUR 3 20 19 85 M MONTH DAY YEAR 28. HOUR 3 20 19 85 1419		
NECESSA FUNERAL 5 FOR Y 0. WITHIN W. PREST	FO	RTHPLACE (STATE OR REIGN COUNTRY) VARY Land Y OR TOWN OF DEATH		4 4	RIED CENEVER MARRIE		A MD.		
W DELAY II O 3 TO THE AIN PAGE (LD BE FILE ORDS, 2011	6	LEN BURNIE	POTHER INSTITUTION, GIVE RE	Y, GIVE STREET ADDRESS)	Hosp.	CAVE TAKE	r Ame Legion		
ATH IF AN SS 1.2, ANI PM 3, REI AND 2 SHOU WALL REC		THER'S NAME FIRST George	MIDDLE	Pasadena Reynolds	YES NO	118 Coralwood I	Road 21122 Kinsey		
ES ATTER DE STATE DE	16a. V (YI	AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE Yes WW	WAR OR DATES)	66. SOCIAL SECURITY NO. 216-16-9749	Golda B. 1	ADDRESS Reynolds Sa	ame as 13e		
CORDS, 201 W. PRESTON ST RE EXECUTED WITHIN 24 HO UDING" IN PENCIL IN ITEM 1 IS A BURIAL - TRANSIT PERMI I'TH AND MENTAL HYGIENE, REMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to							
ON OF VITAL RE PICATE SHOULD THE WORD "PER OUTHE CHIEF AN OULD BE USED A RINGENT OF HEA ON TO BURRAL C	AL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	216 TIME OF IN HOUR A.M. M			D LENTER NATURE OF INJURY IN ITEM 18 PA	20 AUTOPSY? YES NO NTI 1 OR PART 2)		
DIVISIO THIS CERTY WARDED T PAGE 3 SH TATE DEPA 21201 PRIC	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		NJURY (ATHOME, 21f L	OCATION STREET	CITY OR TOWN	COUNTY STATE		
O MEDICAL EXAMINER: XECUTE THE CERTIFICATE OF FUNERAL DIRECTOR: V.TER DÉATH, WITH THE SALVIMORE, MARYLAND.		ACTUAL SIGNATURE ULLL		cident , Suicide .	Homicide Title (SPECIFY) Deputy ADDRESS 695 American	Undetermined manner MEDICAL EXAMINER rica Crt. Davidsorvi	DATE SIGNED 21 Man 85		
BP	24. FU	NERAL DIRECTOR	3/23/85	236 NAME OF CEMETERY Cedar Hill (Cemetery 1254, DATER	Baltimore Edity Bosay 256 REGIS	county and sind a sind		
(VR A15 ME (5)) 20M 4/B2	G	eorge J. Gonce	,002 11200	THE TIENY DOT!	TIC				



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Popple

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

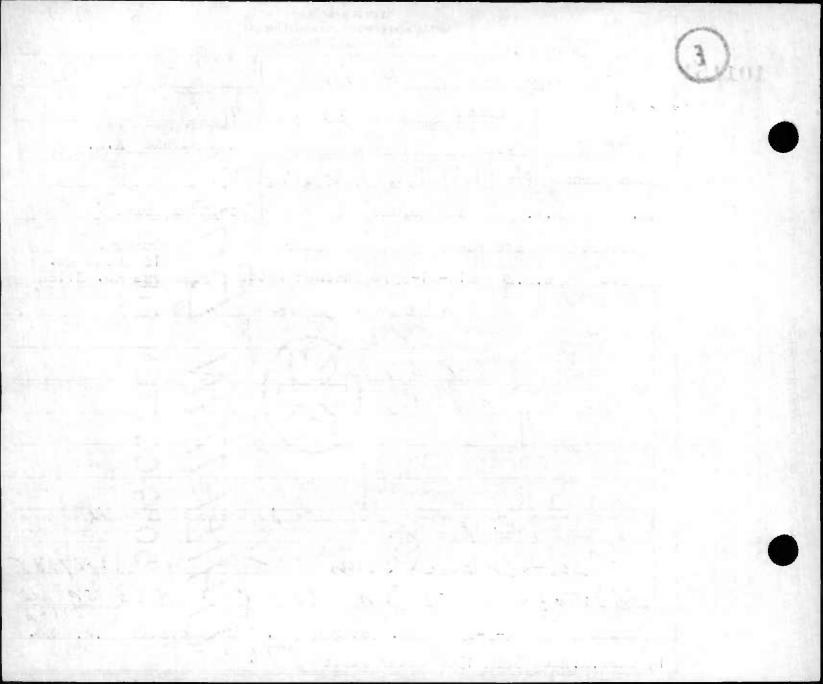
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	- STATE	DELA	KIMENI OF HEA	LTH AND MENTAL HYG	IEME		
	PEGISTRAR 6	man	CERTIFIC	ATE OF DEATH	REG. NO).	
	CEASED NAME FIRST	MIDDLE	LAST	1		MONTH DAY YEAR	26 HQL
(TYPE	E OR PRINT) - SHEF	MAN	Dic	Lands	-	3 78 86	1/3
Nicr	1 1 - 1	/*+ ~*· ·	5. DATE OF I	7/47-45	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LY	EAR IF UNDER
3. SE	* M	4. RACE	MONTH	DAY YEAR	O. AGE (IN TEARS EAST BIRT	MONTHS DA	
	1.	Balck	12	23 1913	71	YRS	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	T NEWED WARDING TO	BALTIMORE CITY OF	COUNTY OF DEATH	1
(COUNTRY AA CO.	USA		NEVER MARRIED DIVORCED	Glen Bur	nie A.A.	
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWED		12a USUAL OCCUPATIO		D OF BUSINE
		IF NOT INSUCH FACILITY, GIVE ST		/	(TYPE OF WORK FOR MOST OF		
,	Glen Burnie	Works Un	intel	145. 8 CMV	140.		
	IAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN		EFORE ADMISSION)	d INSIDE CITY LIMITS?	13e STREET ADDRESS		2106
N	MD. · A.A			YES TA NO	Hospital	Drive	
	ATHER'S NAME			MOTHER'S MAIDEN NA			
	FIRST	MIDDLE LAST		FIRST	WIDDLE	Drive is a seed as	LAST
14 1	Robert WAS DECEASED EVER IN U.S. AR	Richards	5 6 1 5 17 1 10	Clara	ADDRE	Richards	
		RMED FORCES? 166 SOCIALS	SECURITY NO.	INFORMANT	ADDRE	816 Woods	s Rd.
	Yes W.	W.2 218-0	1-9370 8	Sherman Wa	tts Pasa	dena Md.	2112
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b) and (c).)			APP BETWE	ROXIMATE INTER
	PART I. DEATH WAS CAUSE	D BY:	1	1		SE I W.	EN ONSET AND
	Canditians, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	n			
	cove rice to immediate	(0)		-/			
	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	EQUENCE OF	D	1 30		PARI
NOI	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE (c)	0 P	DI RELATED TO THE TERM	INAL DISEASE OR COND		T liai
TIFICATION	cause (a), stating the underlying cause lost.	(c)	10 DEATH BUT NO	crosen	1		IDINGS USE
CERTIFICATION	PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH	TO DEATH BUT NO	crosen	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEAT NO
	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (a) 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NO SCHOOL OPERATION V	NAS PERFORMED,	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEAT NO
	PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	TO DEATH BUT NO SCALL SC	NAS PERFORMED,	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJURY)	20b. IF YES, WERE FIN IN CERTIFYING CAU: YES Y IN ITEM 18. PART 1 OR PART	IDINGS USEE SES OF DEAT NO [2]
MEDICAL CERTIFICATION	COUSE (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	TO DEATH BUT NO SCALL SC	NAS PERFORMED ,	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU: YES Y IN ITEM 18. PART 1 OR PART	IDINGS USED SES OF DEAT NO
	PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE AT WORK AT WORK	(c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	TO DEATH BUT NO SCHOOL OF THE PROPERTY OF THE	NAS PERFORMED ,	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJURY)	20b. IF YES, WERE FIN IN CERTIFYING CAU: YES Y IN ITEM 18. PART 1 OR PART	IDINGS USEE SES OF DEAT NO [2]
	Cause (0), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 22a.1 certify that (1) (this haspi	(c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	TO DEATH BUT NO SCHOOL OF THE PROPERTY OF THE	NAS PERFORMED , TIC HOW INJURY OCCURF THE LOCATION STREET 19	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FIN IN CERTIFYING CAU! YES YES YOU ITEM 18. PART 1 OR PART	DINGS USEE SES OF DEAT NO [2]
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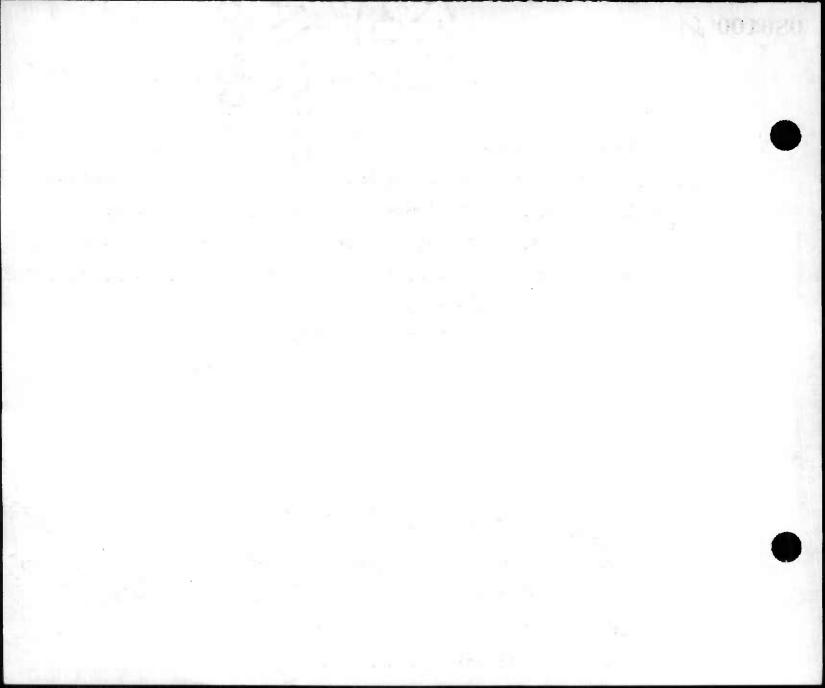
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKII	FICATE OF DEATH		REG. NO				
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF D	EATH A	AONTH DAY	YEAR	26 HOUR	9
Ľ	(TYPE (Gene		F.		iddell	March	21,	1985		753	M
. 3.	SEX		4 RACE			OF BIRTH	6 AGE (IN YEAR	RS LAST BIRTH		INDER I YEAR	HOURS 1	4 HRS
L		Male	White			őber°1, 1927	57		YRS			
70		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COU	NTRY? 8.	EDXX NEVER MARRIED	9 BALTIMORE	CITY OR	COUNTYO	DEATH		
5		aryland	U.S.A.		WIDOW		Anne					MD.
4 "		len Burnie	(IF NOT IN SUC	H FACILITY, GIVE	OURSING HOME ESTREET ADDRESS)	or other institution	120 USUAL OC (TYPE OF WORK FO Retire	OR MOST OF		INDUSTRY	of BUSINES ecott	SOR
5	3a S	RESIDENCE (# NURSING HOME TATE 13b. CO aryland /	OR OTHER INSTITUTION	GIVE RESIDENC	E BEFORE ADMISSION		13e STREET AD	oress /	zip code ridge	Rd. 2	1061	
240	1	THER'S NAME FIRST Eugene	F.	Ridde		Dora Dora		S.		Kir	by	
1 16		AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRES	S			
/ [(41	Yes WW	2	217-2	20-3001	Elizabeth R	iddell 5	84 S	. Beec	hfiel	d Rd.	21
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per SED BY: ATE CAUSE (o)		(b), and (c).)	UMONARY	ARI	RRS		APPROX BETWEEN	MATE INTERV ONSET AND D	EATH
3	CERTIFICATION	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION	CONDITIONS CO	ONTRIBUTIN	G TO DEATH BU	T NOT RELATED TO THE TERM		OR COND	20b. IF YES, W	/ERE FINDI	NGS USED	1?
7								40 🗌	YES [NO 🗌	
(C) 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	EATH HOUR A.		H DAY YEAR	21¢ HÓW INJURY OCCUR	RED (ENTER NATUI	re of injury	IN-ITEM IB PART	I OR PART 2)		
	MEDICAL	ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI		OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	SŤ	ATE
		27a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on	20_	19.4	ond that in (my) (our) apinion	death occurred	on the dot	e ond hour or			
		276 SIGNATURE	1	_ Mi	n		MEDICAL DIRECTOR	STAFF PHYSICI	: AN 🗌	3.	SIGNED 2	- 8
		22d. PHYSICIAN'S NAME (1YP)	YRIA C	_			18-LL	_	1021	300/	14)	
2		URIAL, CREMATION, REMOV				CEMETERY OR CREMATORY	23d. LOCATI	TOWN	c	QUNTY	ST	ATE
		Cremation	23 Mar	. 85	Securit	y Process	Cator	svil	le, Ba	lto.	MD.	
2		neral director ames S. Kirkle	2V 421 C	rain	DRESS HWV S.F		TE REC'D. BY REC	SISTRAR 2	5b. REGISTRA	R'S SIGNA	TURE	

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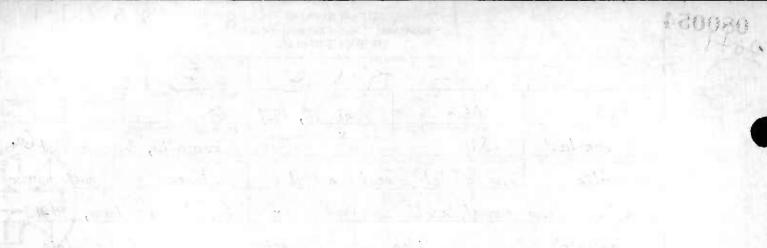
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at your troop	
ne funcial direction of the within 7 hours	
in 24 hours of y filled in by the should be filed	2
executed with ond completel Poges 1 and 2 a	0
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death required by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral alternational should be detached for use as the buriol-transit permit. Then please remove corbanapeers. Pages I and 2 should be filled within 77 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. When 71 is marked or them 8 shows any injury, or other troumatic event, the medical examines must be another at once.	
es that the deaned by the atterprise remove urial, cremation, or other troun	
The low requirion. The low requirion. The low requirion in permit. Then given prior to be how sony injury.	7
PHYSICIAN: thending physic rathis certificate the buriol-trons and Mentol Hyged or fremal 8 s	3.
OR ATTENDING hospital or o hospital or o single consistency of the con	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate eroined by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicishould be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MAPORTANT: If them 21 is marked or there 48 shows any injury, or other traumatic event, the	4

STATE OF MARYLAND

1	FOR	DEPA	RTMENT OF HEALTH AND MENT	TAL HYGIENE	
ı	- STATE REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	
h	1. DECEASED NAME FIRST .	MIDDLE	LAST	20 DATE OF DEATH MON	TH A DAY YEAR 2b. HOUR
ľ	(TYPE OR PRINT)	in 6	Kidap	3	(085 2h. m
T	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
L	Male	White	April 15, 1	921 63	MONTHS DATS HOURS MIN.
ľ	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARR	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
1	Manyland	USA	WIDOWED DIVORC	CED Annapolis,	Anne Anundel CMD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUT	ION 120 USUAL OCCUPATION	125 KIND OF BUSINESS OR INDUSTRY
1	Annapolis		reneral Hospital	Engineer	Westinghouse
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COUR			MITS? 130 STREET ADDRESS Z ZIF	CODE
1	Manuland Anne	Arundel Arnold	YES NO	1129 Uld Sto	ne Lane, 21012
1	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	DEN NAME	IASI
1	Frederick	Rid	lae (athe	erine	Koehnlein
1		MED FORCES? 166 SOCIAL SE	ECURITY NO. 17 INFORMANT	ADDRESS	"
	(45 NO OR UNKNOWN) (IF YELD)	2 220-07	-8671 Mrs. Man	ie Ridge Same	as #13
F		nly one couse per line for (o), (b).	, and ig		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	Schlie 2 to	7. (12 / vin 7
ı	MMEDIA	DUE TO, OR AS A CONSE	OUENCE OF		^ ^
I	Conditions, if ony, which	(b)	Jehluenu	el	5 days
١	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF C		
	underlying couse last.	DOE TO, OR AS A CONSE	Civing de	seval	164127
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 11d
	NO				
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	Ĭ.			YES NO	YES NO
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		OCCURRED (ENTER NATURE OF INJURY IN	TEM 18 PART I ORPART 2)
	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
ı	OK CONTRIBUTING CAUSE OF DE-	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFI	ICE FARM ETC) STREET	CITY ON TOWN	COUNTY
١		real) oftended the deceased fro	im 3/17	76 10 3/19	1985 , that (I) (we) lost
	sow the deceased alive on	ot) view the body ofter death.	9, ond that in (my) (aur)	opinion death occurred on the date o	nd hour and from the causes stated
1	226. SIGNATURE	() view the body offer death.	DEGREE		22c DATE SIGNED
ı	yend	Illing 1	ATTEN	IDING MEDICAL STAFF	13/12/21
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
	GEN AND	CHUSSPIT	8 EVE	161EEN ROT	An SEVENWA 311
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF CEMETERY OR CREM	ATORY 23d LOCATION	10 Mil 21146
	Burial	3/20/1985	Glen Haven Mem.	Pk. Glen Burni	e, A. A. Co., Md.
1	24. FUNERAL DIRECTOR	Baltangone	s. Md. 21225	250. DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	Moully Funeral		atapsco Ave.	MAR 1 9 1985	La Dairdson-Handale

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completely filled in the the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages I with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

FOR STATE REGISTRAR

DEPARTM

STATE OF MARYLAND	Eng	- 0	6	1	1	6.
ENT OF HEALTH AND MENTAL HYGIENE	~	4,5				
CEDTIFICATE OF DEATH						

REGISTR	AR			CERTIFICATE	OI DEATH		REG. NO.				
1. DECE ASED N	AME FIRST	MI	DDLE	LAST		2a. DATE OF I	EATH MON	TH DAY	YEAR	2b. HOUR	?
(TYPE OR PRINT)	Ros	0 (lara	Ricol	eman.	Marc	h 7.	1985		7:30	
3. SEX	710/2	4. RACE	- Caciforn	5. DATE OF BIRTH	0.200	6. AGE (IN YE		Y] IF UP	DER I YEAR	IF UNDER 2	24 HR
Fem	2/2	White		MONTH.	6. 1918	11		MONT	HS DAYS	HOURS	MIN
	(STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	April 2	0, 1910	66	- 61711 65 6	YRS.	DEATH		
COUNTRY)		I CA	HAI COUNTRY?	MARRIED . N	EVER MARRIED	9 BALTIMOR					
	anyland	USA		WIDOWED	DIVORCED [] Anne	Arund		-		1
10 CITY OR TO	WN OF DEATH	11. NAME OF HO	SPITAL, NURSING	G HOME OR OTHE	R INSTITUTION	12a USUAL O			26 KIND O	F BUSINES	55 (
Balti	none	604 Bi	cay Aver	me, 21	225	Hous	ewife		Dome	stic	
USUAL RESIDER	VCE (IF NURSING HOME C	ROTHER INSTITUTION G	VE RESIDENCE BEFORE		IDE CITY HAARTS	112- STREET AL	DDESS / 71	0.0005			
Maryla	nd Anne	Arundes	Baltimon	Le YES	SIDE CITY LIMITS?	13e.STREET A	Discau	Aveni	ie.	21 225	
14. FATHER'S N		THOSE GEET			THER'S MAIDEN N				,		
Jose	ST L	MIDDLE	Houdek	9 9 7	Martin		MIDDLE		Buck	hta	
		nuen concess la			Mary		ADDRESS		Duci	1 21	7
(YES, NO OR U	ASED EVER IN U.S. A NKNOWN) (IF YES, G	IVE WAR OR DATES)	6b. SOCIAL SECUE		ORMANT	1 .		1 6	//(1. 21	6
no			498-09-8	321 Le	roy Dembe	owski	322 Ho	Ly (no	DAS RO	L., D	a
18 CAUS	E OF DEATH (Enter o	nly one couse per Ju	ne for (o), (b), and	I (c).)					BETWEEN	MATE INTERV	VAL
	OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT NOT RE	LATED TO THE TER	RMINAL DISEASE	OR CONDITI	ON GIVEN I	N PART 11	2	
SIO VCCN	OF OPERATION	119h CONDITI	ON FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOF	SY? 20	b. IF YES, WE	RE FINDIN	NGS USED	
5	OT OTENTION						IN.	CERTIFYING	G CAUSES	OF DE ATH	4?
Ē							NO	YES [-	NO 🗌	
	DENT WAS UNDERLYING [110110 4 14	INJURY MONTH DA		DW INJURY OCCU	JRRED (ENTER NATI	IRE OF INJURY IN	ITEM IB PART I	OR PART 2)		
T (IF EITHER	R, NOTIFY MEDICAL EXAMIN	AIR		19							
<u> </u>	RY OCCURRED	21e. PLACE OI			CATION		CITY OR TOWN		COUNTY	CT.	ATE
	NOT WHILE	AT HOME, STREE	T, FACTORY, OFFICE, FA	RM, ETC.)	STREET		CITORIOWN		COMMIT	311	MIE
AT WORK	tify that (1) (this hasp	(and) make and add after	daysayad fun :	Mar 6	10 8	5	Mar	6 10	SC.	the Co	i
		0.4	/	80	my (our) apinio	on death accurred	on the date	and hour and		that (w	
	the deceased alwaye, (1) (we) (did) (did n	or view the body of	ter death.			acom occorred	on the dote t	and floor one			ied
22b. SIGN	NATURE A	R	di	DEGREE		MEDICAL	CTAPP	100	22c. DATE		
1000	/ run	- par	TUP	MP	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		2-11	1-85	
22d. PHYS	ICIAN'S NAME (TYPE	ORPRINT) ANNA		22e A	DDRESS						
	2	Barnet		60	6 Hammond	de Lane.	Baltin	none.	M.	2122	5
n _n	* 72			AME OF CEMETER							_
Dr.	EALATION DEALOWS	1 22L DATE									
I SPECIEVI A	EMATION, REMOVA				1			1 00	UNITY	1 , 51	ATE
(SPECIFY) B	urial	3/11/1			Cemetery	Balt	imore,		Anune	del, st	九
(SPECIFY) B	urial	3/11/1	985 Ho.	ly Cross	Cemetery	Balt		REGISTRAR	SSIGNAT	del, si	7/1
(SPECIFY) B	urial	3/11/1	985 Ho.	ly Cross	Cemetery	Balt	imore,		SSIGNAT	del, si	11

DHMH - 16 50M 4/83 (VRA 15, 4)

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		47	Alvua	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

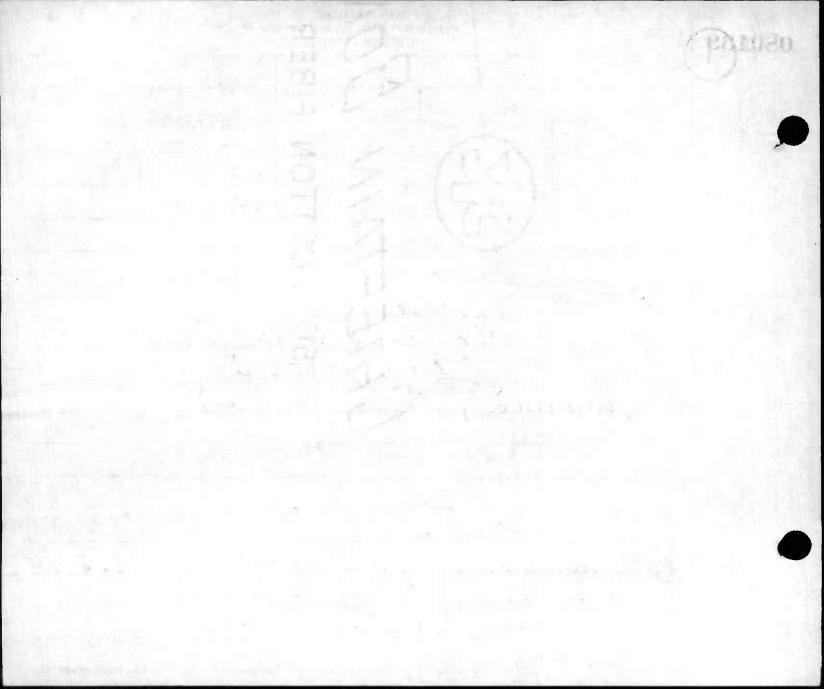
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR MARCH 7, 1985 1:00 MARGARET RITTER J. SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Female Whice March 17, 1888 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED X ANNE ARUNDEL COUNTY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker GLEN BURNIE NORTH ARUNDEL HOSPITAL 30. STATE 130 STREET ADDRESS / ZIP CODE 7914 Overhill Road 13b COUNTY Glen Burnie AA 21061 Maryland 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST Douglass 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. 213-05=7587 D Catherine Trusheim, Thomas Ave., Severna Pk. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line let (a), (b), and ic).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID Conditions, il ony, which gove rise to immediate couse (o), stoting the underlying couse CERTIFICATION NO 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 71h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a I certify that (1) (this haspital) attended the deceased from ____, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 605 BALTIMORE-ANNAPOLIS BLVD MUSTAFA C. OZ, M.D. SEVERNA PARK, MARYLAND 21146 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE Mar 11,1985 Holy Redeemer Cem. Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

James S. Kirkley, Glen Burnie, MD

DHMH - 16 60M 7/84

FOR

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGIS	STRAR		CEI	CHIPICALE OF DEATH	REG. NO).	
I. DECE ASEC			MIDDIE	EAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(TYPE OR PRINT	GLADYS	MABL	Ε	ROBERTS	March	12,1985	5 PM
SEX		4. RACE		ATE OF BIRTH	6. AGE IN YEARS LAST BIRT		
FEM	ALE	WHITE		AY 1,1906	78	YRS DAYS	HOURS MIN.
	CE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.		9 BALTIMORE CITY OF		
VERMO		U.S.A.		RRIED NEVER MARRIED U	Anne Aru	ndel	MD
CITY OR	TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
0 1	/		nt Tabor Rd. G		(TYPE OF WORK FOR MOST OF		
SUAL RESI	TILLS DENCE (IF NURSING HOME)	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIS	SION)	HOMEMAKER	,	Home
o. STATE	131 COL	YTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		_
MD FATHER'S		IMORE	BALITIMORE	YES NOXX	6415 Hazelwox	od Ave. 2123	37
	FIRST	WIDDIE	LAST	FIRST	WIDDLE	t.	AST
	ANK		LàFLAM	MABLE		RATE	
	CEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY N	NO. 17. INFORMAN(SON)	59 Glenwood	Lane P.O. Box	112
N/			220.14.5045	MR. HARRY W. RO	CK Gerrardstow	ns, West Virg	inia 25420
III.CA	USE OF DEATH (Enter	only one cause per	line for (a) (b), and (c)	2 -1	/1, .	APPRO	NUMBET AND DEATH
19a DA	ATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
<u> </u>					YES NO	YES 🗌	NO 🗌
00.50	CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DAY Y	EAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
	THER, NOTIFY MEDICAL EXAMIN		.M. OF INJURY	211 LOCATION			
VHILE			REET, FACTORY, OFFICE, FARM, ET		CITY OR TOV	WN COUNTY	STATE
AT WOR	RK AT WORK				f. f.t	11/17 25	
	certify that (1) (this has		ne deceosed fram	March, 19 80	to 10	m1/19 03	., that (1) (we) last
50	bove, (I) (we) (did) (did)	not) view the body	ofter death.	_, and that in (my) (our) apiniar	death occurred an the da	ite and hour ond from th	e couses stated
	IGNATURE	1111	1	DEGREE		- 1	ESIGNED
		Wille	ach MD	MD ATTENDING PHYSICIAN	MEDICAL STAF		13/85
22d. Pl	HYSICIAN'S NAME (IVI	CHIPTING:	110	22e. ADDRESS			1
Dr	. Stephen Lail	cen		6805 York Rd.	Towson, Md.		
	CREMATION, REMOVA		23¢ NAME	OF CEMETERY OR CREMATORY	23d. LOCATION		
[SPECIFY]		3-4-1			CITY OR TOWN	COUNTY	STATE
24 FUNERA	BURIAL	March 1	6,1985 New Cat	uleoral	Baltimore Ci	LLY	MD
	L DIKECTOR	11/011	1 420		TE RECID. BY REGISTRARI	256. REAGISTRAR'S SKOWN	ATHIRING
	ME / V	LUMB CER	N BURNIE, MD.	MAF	1 4 1985	No. REFEISTRANS SKAP	HUBBLE

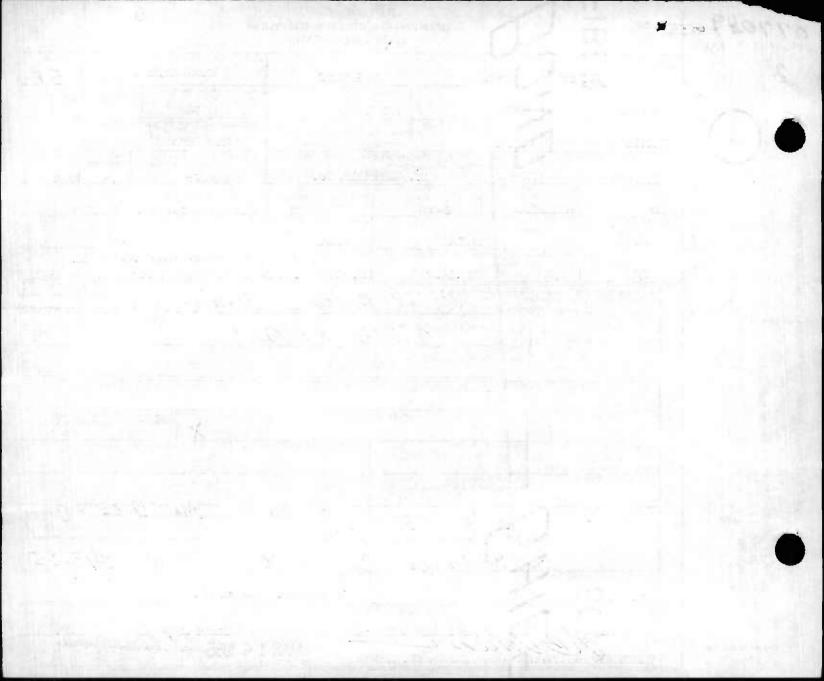
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for with the State Dept. of

TO HOSPITAL OR

and Mental Hygiene prior to al-transit permit.

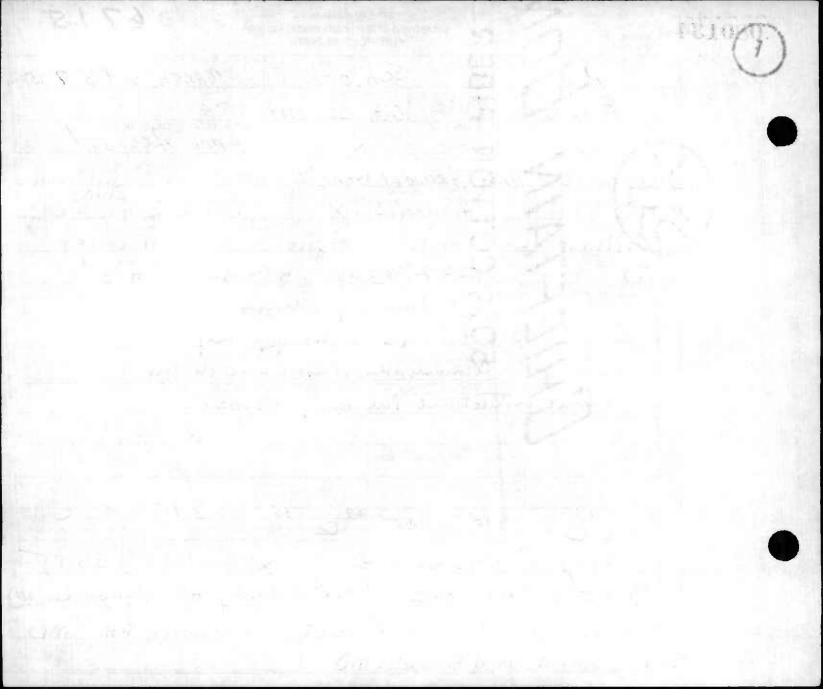
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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18013	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
1, 1	I. DE	CEASED NAME FIRST PRINT) Ann	MIDDLE	Schlorb	MARCH	5, 1985 T 15PM					
7) SE	Female	white	S. DATE OF BIRTH OCT. 22 1914	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS					
	1	lansas	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	11111-	unde MD.					
4 1	IA	TY OR TOWN OF DEATH NO. 15 AL RESIDENCE (IF NURSING HOME DEA	AME OF HOSPITAL NURSING		17g USUAL OCCUPATION (17gs of work for most of working	Civil Service					
Pell	130.	THER'S NAME	Annapo	VES NO [130 STREET ADDRESS / ZIACO	- 1) 111100					
(10)		William "	Peak ED FORCES? 166 SOCIAL SECUR	Agnes	WIDDLE	lueller					
cion ond ers. Poges I.		YESHID OR UNKNOWN) (IF YES, GIVE	war OR DATES) 220-07-	8953 Mary R.		#13					
ng physic rbonpope r removol ic event, h		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) Pul	may edin	nA.	BEI WEEN ONSET AND DEATH					
ed by the ottending lease remove corb rial, cremation, or r or other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEI	ic Caroliomyo	har disease						
signe hen p to bu	NO	PART 2 OTHER SIGNIFICANT CO	obstructive	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110					
e hos been sit permit. I giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES NO \(\)					
certification in a violatrons dental Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)					
After this os the bu ith and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE					
ector: A decrease of Head for use of Head for use m 21 is m		220.1 certify that (1) this hospital sow the deceased alive on above, (1) we) did did not	view the body ofter death.	-	deoth occurred on the date and h	our and from the couses stated					
ined by the he FUNERAL DIRE		12b. SIGNATURE Mercy	CSama		MEDICAL STAFF DIRECTOR DHYSICIAN	315 LPS					
etoined by the TO FUNERAL should be det with the Stote		224 RHYSICIAN'S NAME (TYPE OR)	JAMARAS	200 Rid	gely Au.	Invopolus mi					
BP	T	SURIAL, CREMATION, REMOVAL SPECIFY) JUNEAL DIRECTOR	Mar. 9, 1985 236 N	AME OF CEMETERY OR CREMATORY HILLCREST	Annapolis	AA. MS					
IMH - 16 60M 7/84 (VRA 15, 4)	K	A STATE A	Chapel-Annap		ie rec'd. by registrar 256, regi R 8 1885	SIRAR'S SIGNATURE					



8	56
FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page and be detacted for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filled within 72 hours offin death	with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. MPORTANT: If hem 21 is marked or Item 18 stroves ony injury, or other traumatic event, the medical examined marked of order
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed within 72 hours ofth death

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PEG NO

	CEASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF D	DEATH MO	HTMC	DAY YEAR	2b. HOUR	
(TYPE	Jacob	9	Roman	So	hmidt	. Sr.	March	17.	198	5	11:30	A
3 SE		4. RACE		5. DATE C		, -,-,-	6 AGE (IN YEA	ARS LAST BIRTHD	DAY)	IF UNDER 1 YEAR	F UNDER 24 HR	
	Male	Whi	te	Time	23,	1905 EAR	79		YRS.	MONTHS DAYS	HOURS MI	N.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMOR	E CITY OR		Y OF DEATH		
(New York	USA		MARRIE		DIVORCED	Anno	Arun	dol	Countu		MD.
0. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (12a USUAL O	CCUPATION	V	126. KIND	OF BUSINESS C	_
_	altimore	408 D	pris Aven	ue,	21	225	Ret. S	hipya.	rd .		rvisor	
30 5	AL RESIDENCE (IF MURSING HOME O STATE 136 COUL ryland Anne		130. CITY OR TOW	N	13d. INSID	E CITY LIMITS?	13e STREET AL	Donis	1		21225	
L.FA	THER'S NAME			160		ER'S MAIDEN NA			7100		L. L.	
	Unknown	MIDDLE	LAST			Unknow	מני	WIDDLE		LA	AST	
50 V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	IRITY NO.	17. INFOR		<i>X</i> C	ADDRESS	Š	M	21225	
(res, no or unknown) (IF YES, GI	VE WAR OR DATES)	216-05-6	326	Mant	ha Ann S	chmidt	409 1	Cnes	swell 9	Rd. Ba	14
	18 CAUSE OF DEATH (Enter o	aly one cause nor	line for (a) (b) on	dia	1	71000	Cidioacid	10/1	1600		XIMATE INTERVAL ONSET AND DEAT	7.12
	PART I. DEATH WAS CAUSI	D 8Y:	Cas		olan	(Qsca	inhus	1		BETWEEN	LONZEL AND DEAT	Н
	IMMEDIA	TE CAUSE (0)	(5)		01010	(400	01.5.10	}				
	Condition 15	1	R AS A CONSEQUE	NCE OF								
	Conditions, if ony, which gove rise to immediate	(b)										_
	couse (0), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF								
		(c)			NOT BELL	TER VO THE TER.	- 10 LA LA DISEASE	00.000101	TIONICE	VEN I D I D I D I D I		
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO L	SEATH BUT	NOT RELA	IED TO THE TERM	AIN AL DISEASE	ORCONDI	HONGI	VEN IN PART T	10	
ATIO	198 DATE OF OPERATION	119h COND	ITION FOR WHICH	OPERATIO	N WAS PE	REORMED	20a AUTOF	PSY?	206. IF YE	S. WERE FIND	INGS USED	_
CERTIFICATION	THE OF CHATION	7,4. 00.10							IN CERTI	FÝING CAUSE: ES 🗍		8
	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	AY YEAR	21c. HOV	V INJURY OCCUR	RED (ENTERNATE	JRE OF INJURY I	N JTEM 18	PART 1 OR PART 2)		
CAL	OR CONTRIBUTING CAUSE OF DE	7111	M.	19								
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	ADM ETC 1	211. LOC/	ATION		CITY OF TOWN	4	COUNTY	STATE	
Σ	AT WORK NOT WHILE	(A) NOME 311	REET, FACTORY, OFFICE, F	MRM, ETC.)	100							
	22a.l certify that (I) (this hosp		e deceosed from_	14	16	19 83	, to	3 15		10 85	, tho (1) (we) le	ost
	saw the deceased alive of obove (1) (we) (did) (did no	Diview the holly	olter death	82.	nd that in	my) (our) opinian	deoth occurred	on the dote	ond hou	ur and from the	e couses stoted	
	226 SIGNATURE	,			DEGREE					22c. DATE	E SIGNED	1
	Vielly, T	James			NO	PHYSICIAN >	MEDICAL DIRECTOR	STAFF PHYSICIA	N	3-1	9-85	
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADD			- 14		ALC: N		
	Dr. Sue Tho	mpson. /	n.D.		390	4 South	Hanoven	St.	Bal	to. Mo	1. 2122	5
30. E	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY	OR CREMATORY	23d. LOCAT					4
	Burial	3/21/	11985 G1	en Ha	ven M	em. Pk.	Glan	RIOWN	in .	A A	STATE MJ	
4 FI	JNERAL DIRECTOR	1)/ - 1/	0 11	11	24 225		TE REC'D. BY RE	GISTRAR 25	b.REGIS	TRAR'S SIGNA	TURE	_
M	C. II. E	11	Daltony	d.,	21225	NA/	AD 4 Q 4	DOS S	relia	Davidson-	-gandell	-
110	uncu runeral	TOMES 6	1/ (. /4.	MINIC	o Ave	· VI	111	VVV /	/			

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49	1 - S	OR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 0 6	1 /
	. DEC	EASED NAME FIRST		DAY YEAR 25. HOU
SS #	SEX	ORPRINT) Leve	S MATE OF RIPTH TA AGE LINYEARS IF LINDER 1 VP. LIE LINDER 24 HRS 22 DATE MONTH	2 19 85 A
	7	M WHIE	8 9 03 STYRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	2 10 45 207
6	DEFORE	THPLACE (STATE OR EIGH COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY WIDOWED DIVORCED PRUN	OF DEATH
1	O. CIT	NNAPOLIS	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NO IN SUCH FACILITY, GIVE STREET DORESS) FOR WOOD OF WORKING LIFE) FURTHER TO THE OF WORK 1721 FOR WOOD OF WORKING LIFE)	
	3a. ST	MA · ISB. COUNT	A HUNAPULIS YES & NO - 1102 HOOVEY	354.
2/	FAT	THER'S NAME	1am Sherman Is. MOTHER'S MAIDEN NAME MIDDLE LAST UNKnown	LAST
16	60 W.	AS DECEASED EVER IN U.S. ARM NO, OR UNKNOWN) (IF YES, GIVE V	ADDRESS ADDRESS	ame as
	7	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ly ane cause per line for (o), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	
			CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	AL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	YES NO
	ă l	WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (ATHOME, STORE) STORES CHARACTER STOR	TY STATE
		22a I certify that I took charge death resulted from: Nature	e of the remains described above, held an Autopsy . Inspection Inquiry . and in my opini al causes . Accident . Suicide . Hamicide . Undetermined monner .	on
2		ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	111Am P. Jones ADDRESS 695 America Ct.	13 Mar85
23	30.BU	RIAL, CREMATION, REMOVAL 23	3b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CUTY OR TOWN	STATE
21		NERAL DIRECTOR	Dar. 15, 1985 Glen Haven Slen Gume GA ADDRESS DATE RECTO. BY REGISTRAR 1256. REGISTRAR 3556. MAK 1 8 1985	NACTORIES AND
(5))	ta	ylor tunera	I Chapel-Annapolis, MI) MAK 18 1900 d	

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3107	1	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1		6 1	l 8 EST		
26		CEASED NAME FIRE	ILLIAN	M	DOLE	SIMM	ONS	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR MARCH 14, 1985 730					
	3 SE	x Male	4. RACE	Whit	е	5. DATE C	^{ғықтн} ber 23,1901	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
neral dil nn 72 ho	Za B	RTHPLACE (STATE OR FOREK COUNTRY) Pennsylvania	5N 76 CITIZ	IICV I			NEVER MARRIED DIVORCED	9 BALTIMORE CITY ANNE			IY MD		
by the fulled with		GLEN BURNI	E (IF N	NORTI	H ARUNDE	HOS.	R OTHER INSTITUTION	IT USUAL OCCUPA ITYPE OF WORK FOR MOST Engineer	OF WORKING LIFE		. G & E		
hauld be	130.	Md	OME OR OTHER INS COUNTY AA		Severn		13d INSIDE CITY LIMITS? YES NO 🖔	13e STREET ADDRESS 7832 Te T	ZIP CODE egraph	Rd. 21	144		
ompletely ond 2 s		Stanley	MIDDLE		ymanski		Frances	MIDDLE		01ecks	ac		
S. Poges		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	.S. ARMED FOR YES, GIVE WAR OR I		212-05-6		Mary B. Simm	ons, wife,			MATE INTERVAL		
d by the ottending physici lease remove carbon paper ial, cremation, or removal. or other traumatic event, th		Conditions, if ony, wh gove rise to immedia couse (a), stating	AUSED BY: MEDIATE CAUSE DUE		PARCONSEQUE Vintue	role		I due Im du					
been signe mit. Then p prior ta bur any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORM						200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH?		
rial-tronsit entol Hygie ltem 18 sho	MEDICAL CERTI	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HO	P.M	I. MONTH DA	Y YEAR	216 HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF INJ	YES	Samped .	но 🗌		
attending physics of the this certification os the burial-trongly the ond Mental History arked or tem 18	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT E		F INJURY ET FACTORY OFFICE FA	RM, ETC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE		
spital a	- 1	220.1 certify that (1) (this saw the deceased of above, (1) (we) (did) (or	d that in (my) (our) opinion	, to death occurred on the		and from the			
DIRE Oche Dep		San f	Lenis	time	my			MEDICAL STA	AFF ICIAN []	3//c	SIGNED 8/85		
UNERAL Id be det the State		ZHE PHYSICIAN'S NAME	(TIME CHIPMIN)				22e ADDRESS 7	845 OAKWOO1	D ROAD,	SUITE	107		

23c. NAME OF CEMETERY OR CREMATORY

18 March 85 Glen Haven Mem. Pk.

James S. Kirkley, Glen Burnie, Maryland

Mª.

AA

Glen Burnie

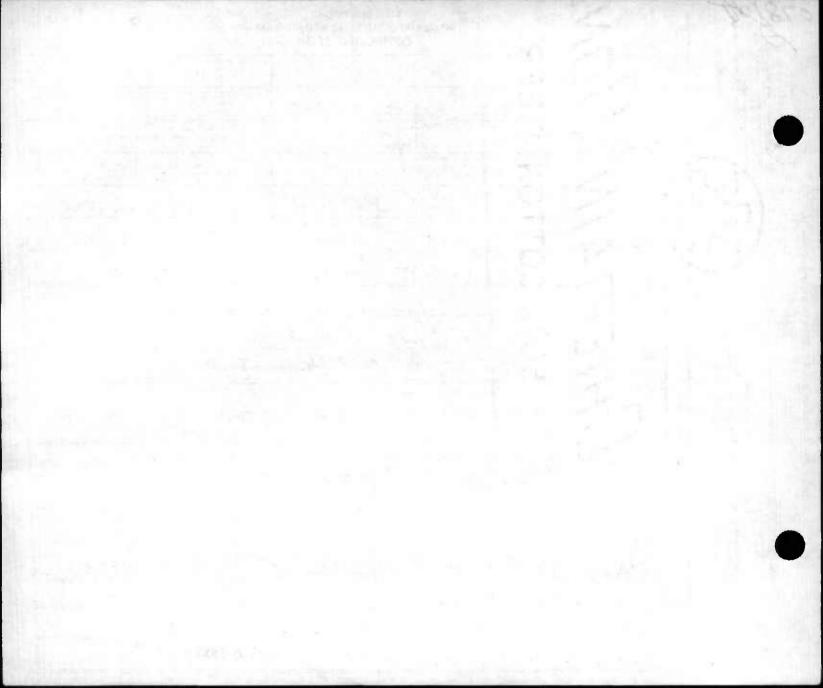
250. DATE RECD. BY REGISTERAN CLASSING MAN THE MAR 1 8 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

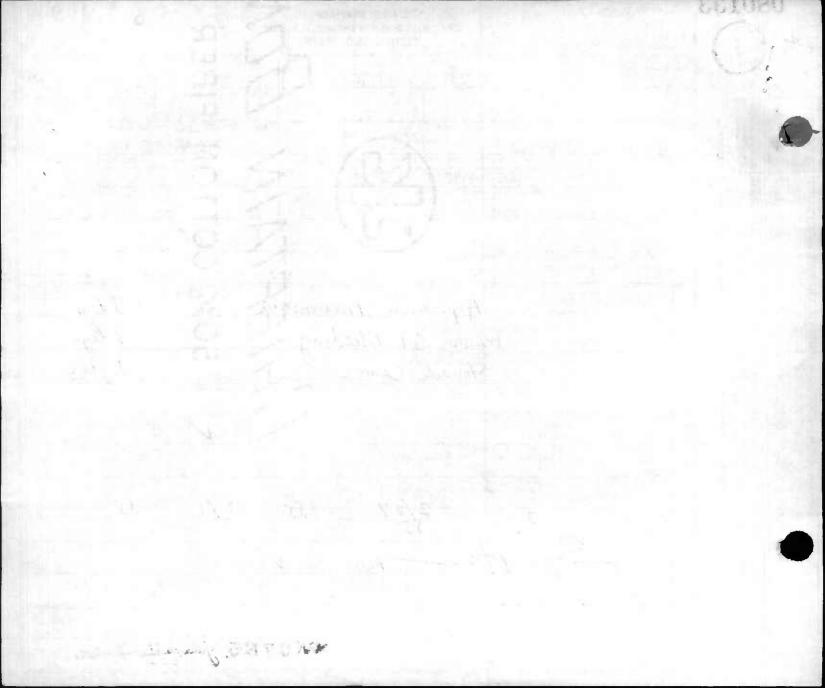
236 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR



		STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HC
"	ANE C	DR PRINT)	VERNIE	SING	SLETON	MARCH	2. 1985
3.	SEX		4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UND
1		FEMALE	WHITE	SEPT	17. 1894	90 YI	MONTHS DATS HOUR
7a	BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
		TENNESSEE	USA	WIDOW		ANNE ARU	NDEL COUNTY
10.		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSI
1/	F	GLEN BURNLE	NORTH ARUND	EL HOS	SPITAL	HOUSEWIFE	HOME
13	la ST		UNTY 13c. CITY OR TOV	VN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	
	_		re arundel Odent	on	YESX NO	533 Queen Av	<u>enue</u> 21113
2//		HER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST
16		JOHN AS DECEASED EVER IN U.S. A	COLLINS ARMED FORCES? 1166. SOCIAL SEC	IDITY NO	NANCY 17 INFORMANT	ADDRESS	LINS
1			214 26 7		Leton same as above		
1	-		only one couse per line for (a), (b), or		Toeorige single	non same as ab	APPROXIMATE A
event	1	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) ASDIV	ation	Preumon	ia	3 days
otic	-1		DUF TO, OR AS A CONSEQU	IENCE OF	n1 1	7 3	20
E S S	П	Conditions, if ony, which	(16) Massive	GI	Bleeding		5 days
er t	- 1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	0		1
10		underlying couse lost	(c) Stomace	1 C	encer		1 gra
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
ury.	S 1						
rinjury.	5	9a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	Z00 AUTOPSY? Z706 II	F YES, WERE FINDINGS US
injury.	DIENING	9a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	_ IN CE	RTIFYING CAUSES OF DE
and injury,	CALIFICALIO	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			200 AUTOPSY? 706 IIN CE	RTIFYING CAUSES OF DE
a Ceptici ATION		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR		YES NOT IN CE	
		2 a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c PLACE OF INJURY	AY YEAR	216 HOW INJURY OCCURI	YES NO NO NO THE RED (ENTER NATURE OF INJURY IN ITEA	RTIFYING CAUSES OF DE YES NO NO 18 PART OR PART 2)
	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210. INJURY OCCURED WHILE NOT WHILE	Z1b, TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	YES NOT IN CE	PERTIFYING CAUSES OF DE
	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210. INJURY OCCURED WHILE NOT WHILE AT WORK NOT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c PLACE OF INJURY	AY YEAR	216 HOW INJURY OCCURI	YES NO NO NO THE RED (ENTER NATURE OF INJURY IN ITEA	RTIFYING CAUSES OF DE YES NO No 18 Part Or Part 2)
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	MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHITE NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK 22g. certify that (!) (this has sow the deceased alive of	DEATH HOUR A.M. MONTH D P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 FARM, ETC.) 2/2 85.0	211 LOCATION STREET	YES NO NO NO ENTER NATURE OF INJURY IN ITEA	PRIFYING CAUSES OF DE YES NO
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: If Item 21 is morked to see	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK 220. I certify this hos sow the deceosed olive coolove, (I) (we) (did process	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pitol) of ended the deceased from. 2 19 01) view the body ofter deoth.	19 FARM, ETC.) 2/2 85.0	211 LOCATION STREET 19 19 10 10 10 10 10 10 10 10	YES NO NO NO TOWN CITY OR TOWN CITY OR TOWN deoth occurred on the dote and MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY COUNTY A 18 PART I OR PART 2) COUNTY A 19 A 10
: If Item 21 is morked to see	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this has sow the deceased alive cobove, (1) (we) (did your 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pitol) of Pended the deceased from 2 on 2 19 OT view the body ofter deoth.	19 FARM, ETC.) 2/2 85.0	211 LOCATION SIREET 19 19 19 19 19 19 19 ATTENDING PHYSICIAN 272e ADDRESS 7	VES NO NO NO TOWN CITY OR TOW	COUNTY COUNTY COUNTY A 18 PART I OR PART 2) COUNTY COUNTY That I have a signed at the couses AD, SUITE 10
WPORTANT: If Item 21 is morked	WEDICAL MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHITE NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK 22g. I certify that (1) (this has sow the deceased alive of above, (1) (we) (did with a company) 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) of ended the deceased from 2 not) view the body after death. FOR PRINT)	PAY YEAR 19 FARM. ETC) 2/2	211 LOCATION SIREET 19 19 19 19 19 19 19 ATTENDING PHYSICIAN 272e ADDRESS 7	YES NO NO NO TOWN CITY OR TOWN CITY OR TOWN deoth occurred on the dote and MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY COUNTY COUNTY COUNTY A 18 PART I OR PART 2) COUNTY COUNTY A 19 that (I hour and from the couses 27c. DATE SIGNE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 she with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other traumatic event, the medical

PH 086004

STATE OF WAKTLAND	(3)
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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ı		REGISTRAR				CERTIF	ICATE OF I	ZEAIN		REG. NO.				
I	TYPE	CEASED NAME OR PRINT)	Earl	(harles		mith.	Sno	20. DATE OF DE	16,	1985	YEAR	26 HOUR 4 a. M	
l	3. SEX	Male RTHPLACE (STATE OR F.			ite WHAT COUNTR	5. DATE O		915	6. AGE (IN YEARS 6. BALTIMORE	9	YRS.	DAYS	IF UNDER 24 HRS HOURS MIN	
	CC	Manyland	OREIGN /	United	States	MARRIE	DE NEVER	WARRIED	Anne A	nunde	l Count	,	MD.	
	,9	ry or rown of de. Pasadena,		101 H	HOSPITAL, NUR H FACILITY GIVE STR DPELAND	Tive.	21122)	TITUTION	120. USUAL OCC (TYPE OF WORK FOR	R MOST OF WOR	KING LIFE) IND	KIÑD OF USTRY Lemi	cal (o.	
	130 S	anyland	113h COUNT		13c CHY OR TO	NW	13d. INSIDE C		130 STREET AD	ress	nd Ave.	12	21122)	
		THER'S NAME FIRST Louis		DDLE	Smith		Ko	s MAIDEN NAM	M	ADDRESS	? Unkn	LAST WWN.	?	
	16a. W	(AS DECEASED EVER ES NO OR UNKNOWN)		PAR OR DATES)	215-07-	7664	Virgin	ria Smiz	th, 101	11	and Ave.	(2	21122) MATE INTERVAL DINSET AND DEATH	
	NO	Conditions, if ony gove rise to imcouse (o), stotii underlying couse	/AS CAUSED IMMEDIATE , which mediate ing the e last.	BY: CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEC R AS A CONSEC	DUENCE OF	NOT RELATED	COM	many inal disease of	arle	tun de	une	2	
1	CERTIFICATION	198 DATE OF OPERA	TION	196. COND	TION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO					
1	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	P.	M, MONTH M,	DAY YEAR			ED (ENTER NATURE	OF INJURY IN IT	TEM 18, PART 1 OR P	ART 2)		
	MED	21d. INJURY OCCUR WHILE NOT W AT WORK AT W	CHILE C		REET, FACTORY, OFFIC	111	211 LOCATH STREET	ON /-	cn	TYORTOWN	COUN	JTY	STATE	
		22a I certify that (1) saw thy deceas above (1) Me) (1) 23b SIGNATURE	ed alive on did) (did not	where the body	19	60	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	220	om the c	that (I) we lost couses stated SIGNED,	
-	23a. B	URIAL, CREMATION,	RMOVAL	23b. DATE	bar b	BL NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO	, no c	342	152	25-11/	
		Buria.	,	3-19.1	985	Glen Ho	ven Ma	n. Pank	Glen E	Bunnia	Anne A	run	del. Md.	
	24. FL	INERAL DIRECTOR	neral	Home/	Parader		k Neck		E REC'D. BY REG	9 1	REGISTRAR'S S	IGNATI	URE	

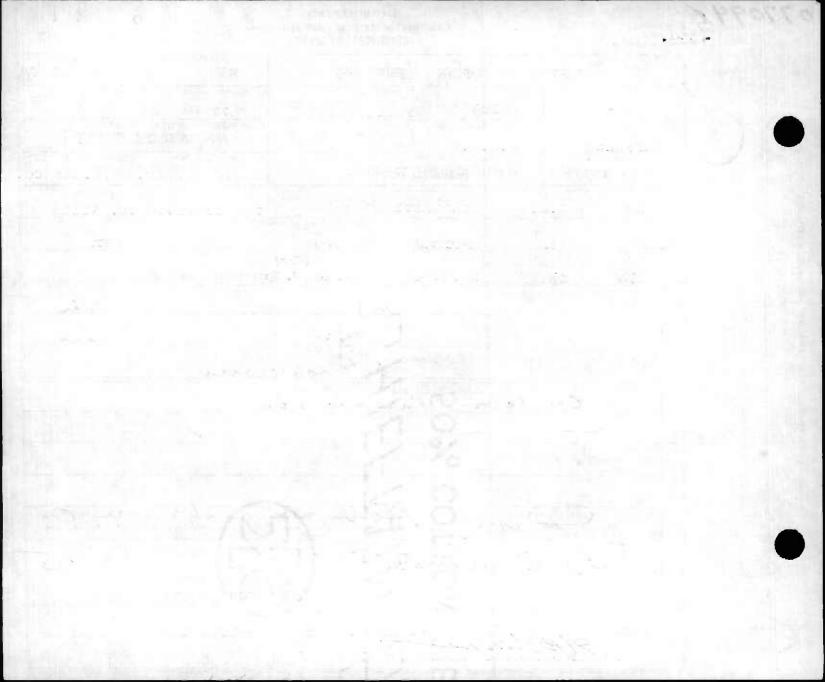
BP DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital ar attending physician.

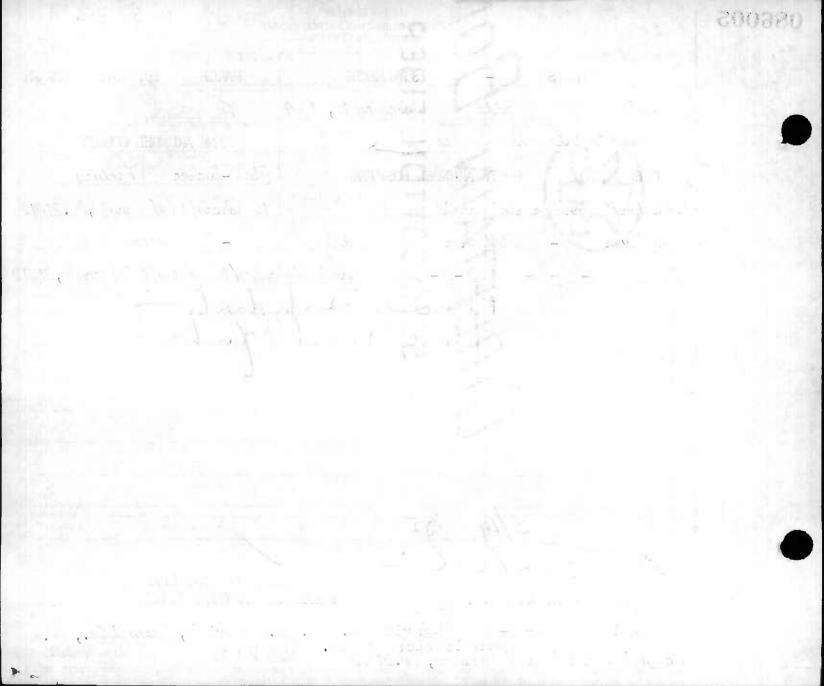
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770945	1:	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND LEALTH AND MENTA ICATE OF DEATH	Н	RE	O	6 /	2 I EST	
o e pe		OR PRINT)	FIRST WALT'I	ER	MARDEN		CEBANK	20	MARC:		13, 198		
4 moy frer de	J. SE			4 RACE		S. DATE (AGE (IN YEARS)	ASI BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS	
0 9		MALE		WHI			11,1908		77	YR	S.		
deoth. Poge	1	RTHPLACE (STATE OR COUNTRY) MARYLAND	FOREIGN	7b. CITIZEN OF WHAT COUN		RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		ED 🗀	ANNE ARLINIEL LU				
1 1 1		GLEN BURNIE			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOSPITAL GROVER OPERA GROVER OPERA							NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY AMER. CAN CO	
AND 21201 n 24 hours of Hilled in by	130. 5	AL RESIDENCE (# NUR STATE MD	13b COU	NTY	13c. CITY OR TO MILLER	WN		⊠ 7	STREET ADDR			21108	
MARYLAND ted within 24 mod 2 thousand	H	THER'S NAME FIRST DWARD	F.		SPRUCEBAN		15. MOTHER'S MAID FIRST NANNIE		BELL		DUN	CAN LAST	
BALTIMORE, cate be executed by sicion and capers. Page val.		VAS DECEASED EVER YES, NO OR UNKNOWN) N/A		RMED FORCES? VE WAR OR DATES)	216.03.26		17 INFORMANT (W			Same as	s 13		
PRESTON ST., BA he death certificate he attending physis emove carbon pape mation, ar removal r traumatic events		PART I. DEATH V Conditions, if any gave rise to im	VAS CAUSI IMMEDIA	ED BY: TE CAUSE (a)	OR AS A CONSEO	h	CH Die				BETW	PPROXIMATE INTERVAL WEEN ONSET AND DEATH Y2 h	
es that the please in please in unial, cre	NO	cause (a), stati underlying cause PART 2 OTHER SIG	ng the e last.	(c)_		DEATH BUT		rcler HE TERMINA	AL DISEASE OR	CONDITION	GIVEN IN PAR	RT Iro	
I RECO	CERTIFICATION	190 DATE OF OPERA		19b CON	DITION FOR WHIC		N WAS PERFORMED		200 AUTOPSY	IN CEI	RTIFYING CAU YES 🔲	INDINGS USED USES OF DEATH? NO	
SION OF VITA PHYSICIAN, TI PHYSICIAN This certificate this certificate the buriol-transit ad Amenial Hygi	MEDICAL CE	OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY	DAY YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NATURE C	MATI MI YAULMI TO	IS PART I OR PAR	H 2)	
DIVISIO NG PHY After this as the b th and A th and A	WED	21d. INJURY OCCUR	HILE D		TREET, FACTORY, OFFICE	FARM, ETC }	STREET		CIT	YORTOWN	COUNT		
ATTENDIN ssprtal or CTOR: Aft of foruse a d foruse a		sow the decease	ed aliveron	2/1	he deceased from 3 19. y ofter death.		nd that in (my (our)	pinion deo	th occurred on	the date and			
TAL OR NY the horder of detached to the Dept.		276. SIGNAPORE	0	0	Lelin	arti	ATTENE PHYSIC	CIAN 🖺 D	MEDICAL DIRECTOR P	STAFF HYSICIAN [3	1345	
TO HOSPITA retained by TO FUNERA should be di with the Sta		TAL PHYSICION'S N	AME THE	OR MONT)	182			0 10 02	AKWOOD URNIE,	MARYLA	ND 210	61	
5 6 5 2 3 ₹	230	BURIAL, CREMATION	, REMOVAI		A CONTRACTOR OF THE PARTY OF TH	NAME OF	EMETERY OR CREMA	ATORY	23d. LOCATION	N	COUNTY	STATE	
BP DHMH - 16 50M 4/83		BURTAL UNERAL DIRECTOR	HE	Juna	5 1985 S E GLEN^BUR	-		250. DATE RE	BALTIMOR EC'D. BY REGIS	TRAR 25b. REC	GISTRAR'S SIG	MD	
(VRA 15, 4)		SINGLE	TON LO	HUV	E GLEN BUR	NIE, MD	21001	MAK .	1 4 1985	12:00			



086005		FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	IENE 8 5 0	6 1 2 2
7		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
R BE		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
8.0	2.05	ERNE		STALNAKER	MARCH 1	19, 1985 325 AM
ge 4 merector. p	3 SE	Male.	4. RACE White	5. Date of BIRTH February 16, 7889	96 yrs	MONTHS DAYS HOURS MIN.
nerol di 72 hou	7a. 8		The CITIZEN OF WHAT COUNTRY? This United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT ANNE ARUN	
s ofter d	19 C	GLEN BURNIE	11. NAME OF HOSPITAL, NURS INC (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDE)	O HOME OR OTHER INSTITUTION DDRESS) L HOSPITAL	12a USUAL OCCUPATION (Type of work for most of working)	126. KIND OF BUSINESS OR INDUSTRY
filled in hould be remarkable	136 5			YES NO NO	13e STREET ADDRESS / ZIP COL 16 Ashcroft (t	P. Arnold, Md. 21012
completely ond 2 s		Sullivan -	Stalnaken	Edith	- Ro	gens
rificate be execute a physician and cor on papers. Page Li emoval.	160 V	VAS DECEASED EVER IN U.S., AR/	MED FORCES? 16b. SOCIAL SECUR E WAR OR DATES) 235-20-1		Inaken/16 Ashcro	ft (t/Annold, 2101
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hos been permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH (DPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{VO} \)
N: T hysicit consid Hygi Hygi		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
G PHY ortending ord M ond M ked or	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ATTENDINA hospital or a RECTOR: Aft hed for use os ipt. of Health em 21 is mor		sow the deceased alive on above, (I) (we) (did) (did no	al) ottended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19		, to death occurred on the date and ha	
0 = 0 = 0 =		22b. SIGNATURE	In st		DIRECTOR PHYSICIAN	22¢ DATE SIGNED
0 0 0 = 0		HAM ID TOWN	IDIAN, M.D.	22e ADDRESS 3 PASADEN	236 MOUNTAIN ROA A. MARYLAND 211	AD 22
OT OT Share MA		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	24. FI	Burial UNERAL DIRECTOR	3-21-85 Lat	review Mem. Park. Cer ick Neck Rds. 250. BATH	n. Syresville (TRAPSSIGNATURE, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)			Home/ Pasadena,		AR 21 1985	Laurdson-Aandelle



07/B4 25M **DHMH - 17**

(VR A15 ME (5))

121 ABDRESWEST STREET ANNAPOLTS

	_	FOŘ STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST WILL	SON BENJAMI			16, 1985 9.52
	SEX	ale	White	5 DATE OF BIRTH Oct. 6, 1926 YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MI
70.	1/7	THPLACE (STATE OR FOREIGN DUNTRY) RGINIA	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR ANNE	ARUNDEL COUNTY
A.	CII	GLEN BURNIE		EL HOSPITAL	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF T	
35 13a ///	la	ruland	CITY OR TOWN	N 134 INSIDE CITY LIMITS?		zip code 1 Street 21225
300		Henry	MIDDLE Stever		WIDDLE	Tilton
o lée		AS DECEASED EVER IN U.S. AI S. NO OR UNKNOWN) (IF YES, GI	rmed FORCES? 166 SOCIAL SECU ve war or Dates) 21920977	7 Thomas Steve	ens Pasadeno	Syal "int Place 1.Md. 21122
to burial, crematian, sjury, or ather troumo	Z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO			d MI
8 shows any injury	THEATIO	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
/ //	- 1	210. ACCEDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING CAUSE OF DE	R) P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
ked or Item	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
5 3		220 I certify that (1) (this hosp	nitol) attended the deceased from_	end that in (my) (aut apinion	death occurred an the dat	e and hour and from the causes stated
frem 21 is mar		saw the deceased alive of above, (I) (wer (did) (did-17 22b. SIGNATURE	view the bady after death.	DEGREE ATTENDING	, MEDICAL STAFF	224. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

Mc Cully Funcial Hane

236 DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Dunial

24 FUNERAL DIRECTOR

BAH. MD. 21225

236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Then Haven Mem. Park Glen Burnie A. A. Md.

ADDRESS 7 F PHARSES AVE 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

ADDRESS 7 F PHARSES AVE 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

ADDRESS 7 F PHARSES AVE 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S AUTHORITY.

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078042 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ATHRYN 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 08 DAYS 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED. NEVER MARRIED perol WIDOWED DIVORCED IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OF WORK FOR MOST OF WORKING LIFE) INDUS#R NAPOLIS CONVALESCENTETI USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 21403 filled ould b 13d. INSIDE CITY LIMITS? **EITY OR TOWN** 13e. STREET ADDRESS 14. FATHER'S NAME: 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE BALTIMORE, 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNANOWN) (IF YES, GIVE WAR OR DATES) medico 166 SOCIAL SECURITY NO 17 INFORMANT Pages APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (a PART I. DEATH WAS CAUSED BY: PRESTON ST IMMEDIATE CAUSE 10 DUE TO, OR AS A COMSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) DIVISION OF VITAL RECORDS, CERTIFICATION 0 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NOX YES -NO [sho burial-tronsit Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 228 I certify that (1) (this hospital) attended the deseased from MARCH 13 19 85 and 15 and 1 hospitol and that in (my) (correction death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ld be deta the State I MPORTANT 22e ADDRESS 16MURRAY AVE. ANNAPOHO, M. RICHARD I . HOCHMAN, M.D 23a BURIAL 23d. LOCATION DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO	٥.		
	CEASED NAME FIRST	(NMN)	~	heokas		MONTH DAY	100	26. HOUR E
3. SE	× Male	Caucasian	5. DATE (6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
1	RTHPLACE (STATE OR FOREIGN COUNTRY) Greece	76. CITIZEN OF WHAT COUNTE	MARRIE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O			MD
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Crofton Conval	SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Manager	ON F WORKING LIFE)	126. KIND O INDUSTRY	ycle Sa
13a S Ma 14. FA	STATE 413h/COU	MOTHER INSTITUTION, GIVE RESIDENCE BEINTY I I I I I I I I I I I I I I I I I I I	OWN	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA FRST Anna.	13e.STREET ADDRESS A 12008 Twee		2071	iT.
16e V	WAS DECEASED EVER IN U.S. A		ECURITY NO.	17. INFORMANT Eva W. Theal		weed La	ne	7715
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	CKANI OUENCE OF			DITION GIVEN	IN PART 110	0
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	ORPART?)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK TO STREET CITY OR TOWN COUNTY COUNT								STATE
	saw the deceased alive o	ortal) oftended the deceosed from March 4		nd that in (my) (our) opinion DEGREE ATTENDING		FF _		
	22d PHYSICIAN'S NAME (TYPE	r. Lacko		1438 Dele	use Huy , &		Gam	brills Ma
23a. l	BURIAL, CREMATION, REMOVA	L 23h DATE 2	30 NAME OF	CEMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After should be deforbed for use as with the State Dept. of Health

WPORTANT, If hem 21 is marked or hem 18 sho

Burial

24. FUNERAL DIRECTOR Keiner
NAME

Beall Funeral Home

Parklawn Mem. Park

Kath Water 16000 Annapolis Rd.
ral Home Bowie, MD 20715

Rockville, Montgomery, MD

250. DATE REC'D. BY REGISTRAR 356. REGISTRAR'S SIGNATURE

MAR 1 1 1985

(ale Jacasien Anne Arundel County LY EDGGY. Grofton Convalencent Center Manager Motercycle Sales Sryland Fr Coor 32 Bowie . 12003 Tweed Lanc 20715 Ineakoe Anna Beutsikeris Constantine 12000 Tweed Lane -- 563-07-7065 sva . Laekos lowie, Maryland 2071; -ANDROGALEN - A MAY MATUR section 11, of Marca 5, 55 farch 4, larches, arklawn Mem. ark cockville, ontonery, i .ol allogena 00001 ... sell tunural tone lowie, 2 20/15

STATE OF MARYLAND FOR STATE

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11	.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	
00000		CEASED NAME FIRST		MIDDLE	7	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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ge 4 mo	3. SE	rale	4. RACE Wh	ite	S. DATE C	DAY YEAR YEAR	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
deoth. Pa		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	Anne Aru		ATH MD.
by the full		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN HEACILITY, GIVE STREET	NG HOME	DR OTHER INSTITUTION	120 USUAL OCCUPATI	ION DE WORKING LIFE) INDI ROTE CLARK	kind of Business or USTRY Federal Governmen
filled in hould be	lar	AL RESIDENCE (IF NURSING HOME OF STATE 131, COURT Vland Prince G	VTY	13c. CITY OR TOW Brandywi	/N	13d INSIDE CITY LIMITS? YES X NO		/ ZIP CODE	tve (20613)
on on on the complete of some		John A. Thuma	WIDDLE	LAST		Bertha Cou	MIDDLE		EAST
n ond co	16a. V	VAS DECEASED EVER IN U.S. AF	MED FORCES? /E WAR OR DATES)	578-2	JRITY NO.	17. INFORMANT BQ Joan Ch	aconas - Sa		3 A-E
physicia npapers: movaf: vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per D BY: TE CAUSE (o)	line for (a), O. or	ielin	rmiè		al	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
es that the death c led by the attendir please remove cart rial, cremation, or , or other troumotic		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, O	r as a conseou	ence of	NOT PELATED TO THE TERM		IDITION GIVEN IN R	DAPI No.
ne law require on. hos been sign permit. Then ene prior to bu	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
YSICIAN: The dring physicion is certificate he buriol-transit p. Mentol Hygier	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF ETHER, NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART I OR I	PART 2)
After this as the bill ond /	WE	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	OWN COL	UNIY STATE
ATTEND ospitol o eCTOR: d far use t. of Heo m 21 is m	H	220.1 certify that (1) (this hasp saw the deceased alive or above (1) (1) (did) (did	3/	2) 19_		nd that in (my) (our) opinion (deoth occurred on the d		
by the hore the hore the hore the hore detache State Dep ANT. If the		27b. SIONATURE	du	rlen	M	ATTENDING PHYSICIAN	DIRECTOR HYSIC	FF CIAN [DATE SIGNED
retained by the TO FUNERAL should be det with the State IMPORTANT.		22d. PHYSICIAN'S NAME (TYPE)	KI	nodes	mo	27e ADDRESS 667	Cnofta	Conte	Cuth
BP	Bu	BURIAL, CREMATION, REMOVAL SPECIFY) rial Ma	arch 30,	1985 F	ort L	emetery or crematory incoln Cemeter		od, Maryla	
DHMH - 16 50M 4/83 (VRA 15, 4) 6633		JNERAL DIRECTOR Lee I d Alexander Fei	Funeral rry Road	Home, Inc.	c. n, Mai	ryland 20735	FREC'D BY REGISTRAN	256. REGISTRAP'S S	SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	REIGN COUNTRY)					MARRIED [RIED &	BALTIMOF	-	_			
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J	essup		Md. Hou	ISE of	Correct ADDRESS)	ction	MOHON		ST OF WORKIN		E OF WOR		INDUST	
	TATE	13b COUN	OR OTHER INSTITUTION, GI		OR TOWN		IDE CITY LIMITS?					7	no	7
-	arylar		Arunde.	1 Je	essup	YES			.Box	534		0	0/	
14. F/	THER'S NAM	E	MIDDLE		LAST	15 MC	OTHER'S MAIL	DEN NAME	MIDD	LE		L	AST	
2	Amos				lery		lary					hnsc	on	
16a. V (Y	VAS DECEASE ES, NO, OR UNKN	OWN) IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOC	CIAL SECURITY		ORMANT			ADDRESS				
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														_
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FICATION	lying co	use lost.	(c)	BUT NOT RELA	NTEO TO THE TERMIN			ART 1 : 0					UTOPSY	
ICAL CERTIFICATION	Jying CO PART 2 OTNEB S 196. DATE O 216. EXTERN UNDERLYING	FOPERATION AL CAUSE WAS G OR ING CAUSE OF	(c) CONTRIBUTING TO DEATH 19b. CONDT 21b. TIME OF HOUR A.M. DEATH P.M.	BUT NOT RELA TION FOR F INJURY A. MONTH	WHICH OPERA DAY YEAR	AL DISEASE OR CON	FORMED?	ART 1 10	URE OF INJURY	Y IN ITEM 18 I	PART I OR	Y	UTOPSY	>
MEDICAL CERTIFICATION	Jying co PART 2 OTHER S 196. DATE O 216. EXTERN UNDERLYIN. CONTRIBUT 214 INJURY	FOPERATION AL CAUSE WAS G OR OCCURRED	(c) CONTRIBUTING TO DEATN 19b. CONDITION 21b. TIME OF HOUR A.M DEATH P.M 21e PLACE (BUT NOT RELA TION FOR F INJURY A. MONTH	DAY YEAR 19 14 HOME.	NAL DISEASE OR CON	FORMED?	RED (ENTERNAT	URE OF IMJURY	IN ITEM 18 I		Y		
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23o. B	Iying co PART 2 OTNEB S 190. DATE O 210. EXTERN UNDERLY IN CONTRIBUT 21d INJURY WHILE AT WORK 220. I cert death and SIGNATURE EXAMINER'S (TYPE OR PR	FOPERATION AL CAUSE WAS G OR ING CAUSE OF OCCURRED AT WORK If that I took charge int of the charge i	(c) 19b. CONDE 21b. TIME OF HOUR A.M DEATH 21e PLACE STREET, FACT THE CONDE 21e PLACE STREET, FACT THE CONDE 19b. CONDE	FINJURY MONTH OF INJURY FARM, E	DAY YEAR 19 ATHOME, 1C.)	21f. LOCATION STREET Autopsy HAL DISEASE OR CON	IURY OCCURR Inspection omicide Security	On XX	Inquiry Inquir	on er .	DATI SIGN	PPART 2) COUNTY OPINION ENED 2	ES 🗆	8

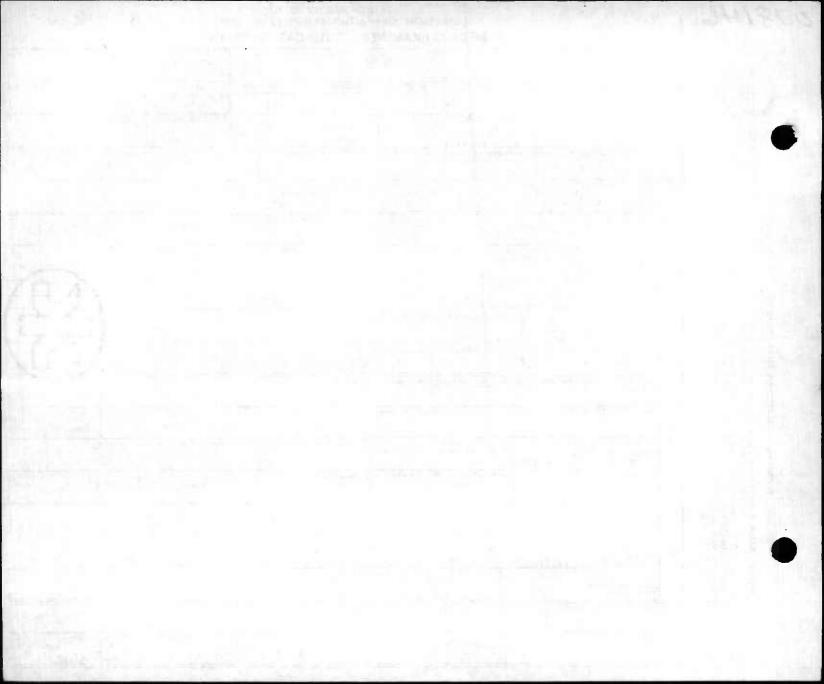
07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

BP__ DHMH

(VR A15 ME (5))

MAR 1 8 1985 - de goon- Gandale



death. Page 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH		G. NO.	0 /	la 7
	CEASED NAME	FIRST	A	AIDDLE	i	AST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
{146	Fra Francis	ancis	Xavi	er Par	ul T	inker	March	26,	1985	4:15A M
1. SE	X	4.	RACE		5. DATE C		6 AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Male		White		Dec		66	YRS		HOURS MIN.
	IRTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D A NEVER MARRIED	9 BALTIMORE CI			
	ltimore, M	D.	U.S.A		WIDOWE		Anne	Aru	ndel	MD.
10 C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS OR
P	asadena		2160	Spring		Rd.	,	ician		f-Employ
USU 13a	AL RESIDENCE (IF NURS	13b COUNTY A.A	1	GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES NOXOX	13e.STREET ADDR 2160 S			
4. F.	ATHER'S NAME FIRST Josepl		rinker	LAST		15. MOTHER'S MAIDEN NA FIRST Nellie	ME	DLE		AST
16a \	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	A	DDRESS		Same A
(YES, NO OR UNKNOWN)	(IF YES GIVE V	W.II	219.01	. 4166	Mrs. Norn	na C. Ti	nker	(wife)	# 13
	18 CAUSE OF DEAT PART I. DEATH W		ane cause per BY:	-		alic C	or cui	me		XIMATE INTERVAL I ONSET AND DEATH
NO	cause (a), stating underlying cause	last.	(c)	R AS A CONSEOU		NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN PART 1	10
MEDICAL CERTIFICATION	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?	IN CER	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH?
AL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM	18 PART 1 OR PART 2)	
MEDI	21d INJURY OCCUR		21s. PLACE (OF INJURY SET, FACTORY, DEFICE.	HAMM, ETC.)	ZIII. LOCATION	CITY	ORTOWN	COUNTY	STATE
	22s.1 certify that (f)	ed alive bo	3125	15 19	2/3/	nd that in (my) (our) apinion	to3 death occurred on t	1268 the date and		, that (I) (we) last e causes stated
	276 SIGNATURE		100	Ram	my	ATTENDING PHYSICIAN 228 ADDRESS 734	MEDICAL DIRECTOR PH	STAFF HYSICIAN [3/ SLO 5	26/PY
77a.	BUHAL CREMATION	_	ez, M.		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TON		COUNTY	STATE
	Cremation	0 /	Margh	28/85	Secur	ity Process	Cato	nsvil	le, Md	
	UNERAL DIRECTOR	della	1/111	ane		25a DA	TE REC'D. BY REGIS	TRAR 256 REG	SISTRAR'S SIGNA	TURE
S	ingleton	Fune:	al Ho	ome, Gl	en Bu	rnie, Md	0 0 1005	بقاس	Javabon-V	milano

DHMH - 16 50M 4/83 (VRA 15, 4)

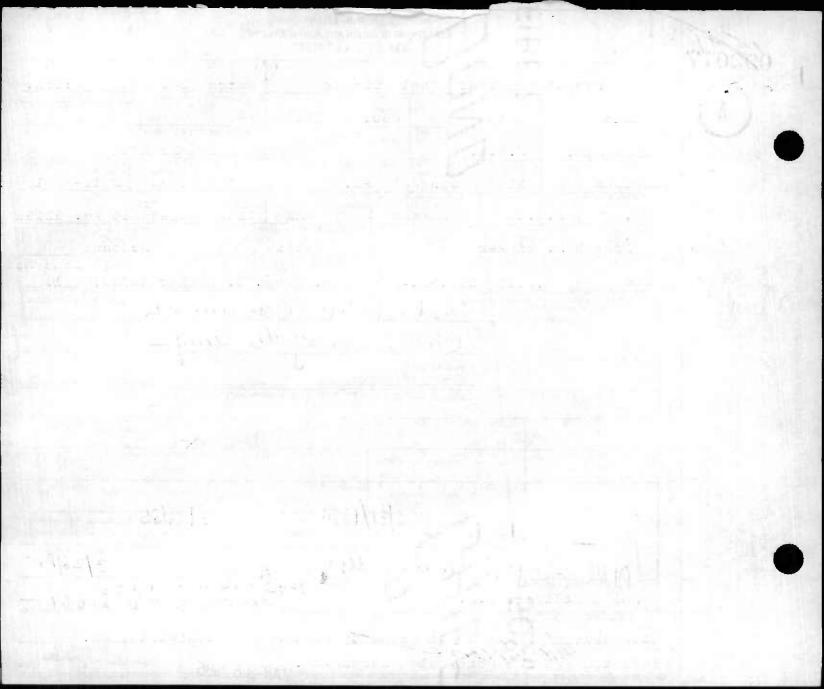
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital or attending physician.

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shaws.



requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filted in by the tune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filted within 1 with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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		REGISTRAR			CERTIF	ICATE OF DEAT	п	REG. N	Ο.		
		CEASED NAME FIRST	A	AIDDLE	U	AST		2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	Emilie			Ton	kins		March 2 1			1:30 M
1	3 SEX	x	4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
)		Female	Whit	te	Fe	b. $5^{\circ, \circ}$ 190	4"	81	YRS.		NOOK 3
10	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIET	NEVER MARRI	ED 🗆	9 BALTIMORE CITY C	_		
01		N.Y.	USA		WIDOWE	DIVORC	ED 🗌	Anne Arı			MD.
3	A	nnapolis	Anne A	rundel Ge	neral	ROTHER INSTITUTI Hospital	ON	174 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Teacher		(E) INDUSTRY	of Business or
18	13a. S	Fla.	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 13c CITY OR TOWI Clearwate	N 1	13d INSIDE CITY LI		13. STREET ADDRESS 2550 State			99999
Scomine 3	14_FA	Carl M.	MIDDIE	annagat		Anna FIRST	DEN NAM	MIDDLE MIDDLE	Bl	ackert	ST
D .		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS		
med	- (1	YES, DO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	064-30-4	014	Judith Fa	ust 1	1664 Alberm	arle .		
1, th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per	line for (a), (b), am	dien 11	/					CIMATE INTERVAL ONSET AND DEATH
even			E CAUSE (a)	Close	- 140	mont	-7			21	mentos
injury, or other troumatic event, the medical		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	RAS A COMSEQUE	atic	Carcin	regn	a Bloda	le	Seve	al wenth
injury, or	NO	PART 2 OTHER SIGNIFICANT O	. 1		EATH BUT	NOT RELATED TO T	HE TERMI	nal disease or con	DITION GIV	/EN IN PART 1	a
Nows on 2	CERTIFICATION	19a DATE OF OPERATION 2 - 8	19h CONDI	TION FOR WHICH	- 2 /	de- remo	- 1	200 AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSES	
em 18 shows		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW INJURY	OCCUPR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
IMPORTANT: If Item 21 is marked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
8		22a L certify that (I) (this haspi	tal) attended the	e deceased fram_		, 19		, ta	,	19	that (I) (we) last
21 :		saw the deceased alive an abave (Nwe) (did) (did no	I view the bady	after death.		that in (my) (aur)	opinian d	eath accurred an the d	ate and hav	or and fram the	causes stated
T: If Item		B. March	Sel	1 TO	m	EGREE ATTEN PHYSI		MEDICAL STA		12 DATE	signed,
Z _		221 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS					
POR		/ James H	iles			100 Rid	celv	Ave. Annap	olis.	Md.	
≥ 1	23a B	ORIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREM		23d LOCATION		COUNTY	STATE
_	6	remation	3-5-8	5 W	lestvi	ew Memori	al	Baltimore	3	Md.	DIAIC
/83	24 FU	UNERAL DIRECTOR		ADDRESS			25a DATE	REC'D. BY REGISTRAR	256 REGIST		
		T.A. Hardesty A	nnanolis		401		MAR	5 1985	relland	avidoon-7	Pandelle

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital ar attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND

FOR

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STATE OF MARYLAND

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		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEAT	Н монтн	DAY YEAR	26 HOUR
			eorge	9	W.	Ul	.lrich	Ma	arch	18 -85	6:30,
	3 SE	X		4 RACE		5. DATE (6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HE
/		Male		Whi	te	2	- 16 - VEAR 8	77	YRS		1.0043
19		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
6/1	N	ew York			d States	WIDOWI	ED DIVORCED	Anne A		el Co.	,
30	10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU		126. KIND C SLIFE) INDUSTRY	F BUSINESS C
70	A	nnapolis					scent Ctr.	Superv:			raft-
38	13a S	AL RESIDENCE (IF NUI STATE Md.	136 COUN	ITY	136. CITY OR TOW Arnold	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	ss / zip ço	e Hwy./	Unit 21146
une line	_	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
021	1	William		MIDDLE	Ullric	h	Barbara	MIDD	LE	Stein	iger
8 /		VAS DECEASED EVE	R IN U.S. AR		166 SOCIAL SECU		17. INFORMANT	AC	DRESS		1001
pour a	(NO NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	095-070	890A	Amelia Ul	lrich	(sam	e as 13	
went, fi		PART 1. DEATH	WAS CAUSE	ly ane cause pe D BY. 'E CAUSE (a)_	RESPIRA		4 AKKEST	-74			MATE INTERVAL ONSET AND DEAT WOOD 1 A
o burial, crem jury, or other	N	gave rise ta im cause (a), stat underlying caus	ng the e last.	(c)_	OR AS A CONSEQUE BEHAVE CONTRIBUTING TO D	TIM	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART 1	a
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pt of Heals		22a I certify that (I saw the decea abave, (I) (we) 22b. SIGNATURE	sed alive an	Mu 1	19 8		, 19 3 nd that in (my) (aur) apinian (, taMun. death accurred an th			
State De		22d. PHESTCIAN'S N	IM G	2. 90	uluru	m	ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN [3/1	9/87
with the Street		JOH	W D	SAC	KSIN in		1419 POLEST	1 1/1	nnagoc	US, MP	21403
		BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOW		COUNTY	STATE
_	24.51	Burial		3-21			le Cemetery			Suffel	
60M 7/84 15, 4)	1	whit B	man	√ 501 Sev	Ritchie erna Par	Hwy k Md	256. DATE 2114 MAR 2		A 25b REG	ISTRAR'S SIGNAT	LIRE **

A Little Committee of the committee of t

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE

LAST

S DATE OF BIRTH

TIRBAN

2 41	
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Sec. of	

OF DEATH	REG.	NO.			F	T
	2a. DATE OF DEATH MARCH	монтн 1.	DAY 1, 1:	YEAR 985	26. HOL	
1	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
-30	54	YRS	MONTHS	DATS	HOURS	MIN,
ISV50 100150 [9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

MONTH 03-12-7h CITIZEN OF WHAT COUNTRY?

PSTELLE

MIDDLE

JACOUELINE

A.A.

MIDDLE

4 RACE

MARRIED NEVER MARRIED WIDOWED

YES [

17 INFORMANT

ANNE ARUNDEL COUNTY 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

ID CITY OR TOWN OF DEATH GLEN BURNIE

TO BIRTHPLACE I STATE OF FOREIGN

MARYLAND

MARYLAND

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS?

GLEN BURNIE

13e STREET ADDRESS / ZIP CODE 6303 CAROLINA AVE.

HOUSEWIFE

21061

4 FATHER'S NAME Jack

CERTIFICATION

MEDICAL

- STATE

TTYPE OR PRINTS

3 SEX

L DECEASED NAME

REGISTRAR

Schammel

Estelle

NOA

IS MOTHER'S MAIDEN NAME

Bellis ADDRESS 1703 Leisure Ln.

60 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) UNKNOWN

16b. SOCIAL SECURITY NO 220-20-2195

Mr. Steve Andrew

Glen Burnie, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: an IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES NO	YES 🗌	NO 🗌
2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART LOR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn county	STATE
22a L certify that (1) (this hospital) sow the deceosed alive an abave, (1) (we) (did) (did nost vi	attended the deceased from 19 63 or	nd that in (my) (aur) apinian		te and have and from the	, that (I) (we) las e causes stated

22b. SIGNATURE

ATTENDING DIRECTOR PHYSICIAN 22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23g. BURIAL, CREMATION, REMOVAL

22e ADDRESS 300 HOSPITAL DRIVE GLEN BURNIE, MARYLAND 21061

SERGIO	V. AI	VAREZ,	M.D.
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23b. DATE

3/11/85

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

STAFF

COUNTY STATE

DIRECTOR

FUNERAL

DIVISION OF VITAL RECORDS,

24. FUNERAL DIRECTOR Anatomy Board

Removal

ADDRESS

Balto., Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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0-7		REGISTRAR CEASED NAME #851	WEGH	CERTIFICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH	DAY TAR 28 HOUSE
7.E	TIME	HELEN	Agnes	uewin	3	12 85 1:5
-	1.5E)		4. RACE	5 DATE OF BIRTH 1896	L AGE (IN YEARS (AST BIRTHDAY)	FUNDERTYEAR FUNDERS RONTHS BAYS HOURS
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01	46	ew Jersey	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		Arundel
(10/	manuscriptor in	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12s USUAL OCCUPATION	175 IND OF BUSINES
11/1/	C	rofton /	Croston Con	ralescent Center	Comptometor Op	
20	13a 5	TATE HUSSING HOME O	NOTE IN CITY OR TOV	VN 134. INSIDE CITY LIMITS?	13+ STREET ADDRESS / ZIP O	The second secon
1	margin district	ryland lÄnne	Arundel Glen Bu	rnie YES X NO	7869 Crilley	Road Apt. 43
1/5//		1111am	McKay	1951	MEDINE	Haydon
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8 7	- 60	NO I (F TES. GI	135-01-	2175 Dorothy U. R	ock Frederick.	
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appear of the arrest carbon of burief, cremation, or realisty, or other troumatic every, or other troumatic every.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) SHULL A	JENCE OF ALLENO COREM		18 month
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Beall Funeral Home 16000 Annapolis Road Bowie, MD 20715

234 LOCATION
CITYOR TOWN
Metropolitan Crematory Alexandria, Fairfax, Virginia

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

MANAGE AND ATTREEL uncts .uncallesters of the companies of intylend time fruncel then urnie π . 7669 Grilley Road Apt. 430 a. inde Haydon (0.10) ratffi. 702) Ar or . rive 135-01-2175 Forothy U. Rock Prederick, Karyland 21701 large 12, tropolitan trematory flemendria, Isirfax, Virginia back affogum 000cl ench lature i lise :

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1	_		CEASED NAME E OR PRINT)			WIDDLE		LAST	20. DA		MONTH DA		2b. HOUR
5		3. SE	ALE	David RACE WHITE	5. DATE OF BIRTH	L. 9 6 AGE (1) LAST BIF	NYEARS IF U		DER 24 HRS. 2c D	ATE OUNCED EAD	3/11/ MONTH D. 3/11/	/ T985 AY YEAR / T985	7:30 P M
•	ELAY IS NECESSA TO THE FUNERAL. PAGE 5 FOR YOU'RE FILED, WITHIN STOOL WAS RESTO	W	RTHPLACE (ST. REIGN COUNTRY) NNESC: TY OR TOWN C	79	UNITED	STATES SPITAL, NURSING HO	B. MARE		RRIED A	ne Arun	ndel Cou		MD.
	DELAY IS 3 TO THE IN PAGE 15.00		Sever	n	1734 (Carriage C	ourt	TER INSTITUTION	FOR MOST OF COMPUT	CUPATION (TYP WORKING LIFE) ER TECHN		OR INDUSTR	SINESS SY
BALTIMORE MD. 21201	H. IF ANY DELA 2, 2, AND 3 TO 3. RETAIN P. 2 SH SUID BE 3. PECONIS;	130. S Ma	TATE ARYLAND ATHER'S NAME	136 COUN		136 CITY OR TOW	N	YES NOTHER'S MA	Ø 1734	CARRIE	AGE CT	. 21	144
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BALTIA	DURS AFTER 1 18. GIVE PAC WITH FOR/ MIT. PAGES 1 F, DIVISION ({\	ES, NO, OR UNKNOW		E WAR OR DATES)	472 - 66-		VIRGINIA	VINJE	ADDRESS 474 MINNE	APOUS,		5407
DIVINION OF VITAL RECORDS, 201 W. PRESTON ST.	HOULD BE EXECUTED WITHIN 24 HOURS AFTER RD. "PENDING" IN PENCIL IN ITEM 18. GIVE PA HIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 OF HEATH AND MENTAL HYGIENE, DIVISION IRIAL, CREMATION, OR REMOVAL.	NO	Condition gave ris couse (a) lying caus	s, if any, which e to immediate stating the <u>under</u> se lost.	DUE TO, O	Arterioscl R AS A CONSEQUEN R AS A CONSEQUEN BUT NOT RELATED TO THE	CE OF			sease			
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•	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYTAND, 21201 PR	1	22a I certification death resulted ACTUAL SIGNATURE EXAMINER'S NOTYPE OR PRIN	AT WORK y that I took charged from: Nature NAME	ge of the remains de	Accident ,	Suicide^	Homicide TITLE (SPECIFY)	Undetermine	d manner .	DATE SIGNED	3/12/	/85
07/8 25M	4 BP	24 F	URIAL, CREMAT SPECIFY) BUR UNERAL DIRECT	INL	23b. DATE MARCH 14, 1 149 ADDRES	85 OAR HI	CEMETERY C LL CE HIE HI	OR CREMATORY METERY 250. DA	23d. LOCATIC CITY OR TOW MINNE TE REC'D. BY REGIS	APCLIS	COUNTY FUNEI ISTRAR'S SIGN		MINN,
	(VR A15 ME (5))	D	arrance	TUNERA	LHOME ,	DE VERNA!	THRK JI	(D)	#1 1 0 pc	1			

MAR 15 886 Mindlender Spedell

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DF	C	NO.	

000								REG. N			
49		CEASED NAME	FIRST A1_		MIDDLE	LA	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	(TYPE	OR PRINT)	Mary	rianne	Avec	Wae	chtler	March 20	5, 1985	5	1:00
10	3. SE)	<	1	I. RACE		5. DATE O		6. AGE (IN YEARS LAST BE		ONTHS DAYS	IF UNDER 24
		Female		White		11/30	0/1921 YEAR	63	YRS.	ONTINS DATE	HOURS
1		RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
1	1	German	4	German	ry	WIDOWE		Anne Anu	rdel (c	ounty	
0	1	evenn	ATH 1	(IFNOTIN SUC	HOSPITAL, NURSING CHEACULTY, GIVE STREET A Lexington	ADDRESS)	r other institution	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Retired	OF WORKING LIFE	12b. KIND O INDUSTRY	- 1
E	13a S	AL RESIDENCE (IF NUR STATE Md.	13b. COUNT		GIVE RESIDENCE BEFORE	N	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 8240 Lexi	/ ZIP CODE	Drive,	2114
1	14. FA	THER'S NAME		NDDLE	LAST	7/4	15. MOTHER'S MAIDEN NA	ME		-145	,
4	1	Valentin		NODE	Waechtle	er	Maria	Magda	lena	Sei	uffer
1		VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	ESS	7 V	
1	1	res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	None		Marliese Le	eson Same	as #13		
		18 CAUSE OF DEAT	TH (Enter only	v one couse per	line for (d) (b), one	lies A					MATE INTERV
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29	CAL CERTIFICATION	gave rise to im cause (a), staff underlying caus PART 2. OTHER SIG	ATION ATION CAUSE OF DEAT	DUE TO, O ONDITIONS CO 19b. COND 21b. TIME C HOUR A.	R ASA CONSEQUE ONTRIBUTING TO D TION FOR WHICH	DEATH BUT I	N WAS PERFORMED LESS CENTER 216. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH
Tree of Ten Constant	MEDICAL CERTIFICATION	gove rise to im couse 10), staff underlying cause 170, staff underlying cause 190 DATE OF OPERA 2 - \$\frac{2}{210}\$, ACCIDENT WAS UN OR CONTRIBUTING \(\text{(if EiTHER NOTIFY MED 21d}, \text{ INJURY OCCURE.} \)	amediate ing the e last. SNIFICANT CO ATION CAUSE OF DEAT CICAL EXAMINER) RRED	DUE TO, O CC ONDITIONS CC 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	TION FOR WHICH	OPERATION OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH
9	E	gove rise to im cause [a), stafi underlying cause [b]. PART 2. OTHER SIG [19a DATE OF OPERA 2 - STATE [19a DATE OPERA 2 - STATE OPERA 2 - STATE [19a DATE OPERA 2 - STATE OPERA	ATION ATION CAUSE OF DEAT CAUSE O	DUE TO, O (c) ONDITIONS CO 19% COND 216. TIME O HOUR A. 21e. PLACE (AT HOME, 511	TION FOR WHICH TION FOR WHICH THE INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA	OPERATION OPERATION AY YEAR 19 ARM, ETC.)	N WAS PERFORMED LECTOR OF THE PROPERTY OF THE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PA	WERE FINDING CAUSES	IGS USED OF DEATH NO STA
29	E	gove rise to im cause [a), stafi underlying caus: PART 2. OTHER SIG 190 DATE OF OPERA 2 - S 210. ACCIDENT WAS UN OR CONTRIBUTING [1] (IF ETHER NOTIFY MED 210. INJURY OCCUP AT WORK [1] NOTIFY AT WORK AT W.	ATION ATION CAUSE OF DEAT DICAL EXAMINER) OPER This hospite	DUE TO, O (c) DUE TO, O (c) 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (ATHOME, 511)	TION FOR WHICH TION FOR WHICH THE INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FACTORY THE deceosed from 19	OPERATION OPERATION AY YEAR 19 ARM, ETC.)	N WAS PERFORMED LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PA	WERE FINDING CAUSES COUNTY On the country of the	IGS USED OF DEATH NO
7	E	gove rise to im couse 10), staff underlying cause 170, staff underlying cause 190 DATE OF OPERA 2 - Staff underlying 190 DATE OF OPERA 2 - Staff underlying 190 CONTRIBUTING 191 EITHER NOTIFY MED 21d. INJURY OCCUP WHILE 190 NOT WAT WORK 190 NOT WAT WORK 191 UNDER 191	ATION ATION CAUSE OF DEAT DICAL EXAMINER) OPER This hospite	DUE TO, O (c) DUE TO, O (c) 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (ATHOME, 511)	TION FOR WHICH TION FOR WHICH THE INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FACTORY THE deceosed from 19	OPERATION OPERATION AY YEAR 19 ARM, ETC.)	N WAS PERFORMED LECTOR OF THE PROPERTY OF THE	200 AUTOPSY? YES NO RED CITY OF TO death accurred on the co	20b. IF YES, IN CERTIFY YES URY IN ITEM IS PA	WERE FINDING CAUSES	IGS USED OF DEATH NO
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DHMH - 16 50M 4/83 (VRA 15, 4)

Caron herforetingariest - Wednes Charled Carde. 2-95 Netertalic amid and a the contract of the second contract of the se

death certificate

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FOR = STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR				CEKITE	ICATE OF DEATH	RE	G. NO.		
LOECEASED NAME	FIRST	MI	DDIE	ı	AST .	20. DATE OF DEA		AY YEAR	26 HOUR
(TYPE OR PRINT)	Glade	10 %			Walken	March i	9, 1985		11111
3. SEX		RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	
Fema	10	Whit	0	T AONTH				ONTHS DAYS	HOURS
70 BIRTHPLACE (STA			HAT COUNTRY?	R	wary 21 1926	D BALTIMODE'CL	TY OR COUNTY	OF DEATH	
COUNTRY)	1.	1	ICA		D NEVER MARRIED		undel (
Nonth (and	DEATH 1	1. NAME OF HO	OSPITAL NURSIN	WIDOWE	D DIVORCED DIVORCED DIVORCED	12a USUAL OCCU			OF BUSINESS
6. 0		I (IF NOT, IN SUCH	FACILITY GIVE STREET	ADDRESS)	,	TYPE OF WORK FOR M	OST OF WORKING LIFE	INDUSTRY	
GLEN BUNG			under Ho		(1	Jecneto	ing	Jtee	el Proc
13a. STATE	13b COUNT	Y Y	3 CITY OR TOW	101	13d. INSIDE CITY LIMITS?	13e STREET ADDR		24.	11./
Manyland	finne t	Arundel	Jeverna	PR.	YES NO 🔀	11.1	th Unive	217	140
14. FATHER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN N	AME	DLE	4 14	ST .
Paul	Manager 18	H.	Walken		Juanita			Medfo	ond
160 WAS DECEASED		ED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMANT	10	3nd Av	ioniio	
No	(1110)		245-24-0	756	Mr. Paul Wa	Iken Bas	timore /	212	225
TIL CAUSE OF I	DEATH (Enter only	one couse per la	ne for (a). (b) and	dicil				APPROX	ONSET AND DE
PART I. DE A	TH WAS CAUSED	BY:	Carel	Ta.	annat				
PART 2. OTHER	* + d 1 = 1				NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES,	, WERE FINDI	NGS USED
TE I						YES NO		YING CAUSES	OF DEATHS
21a, ACCIDENT W.		216. TIME OF		VE AD	21c. HOW INJURY OCCU	RRED (ENTER NATURE O	INJURY IN ITEM TO PA	RT I OR PART 2)	
	CAUSE OF DEATH	HOUR A.M	MONTH DA	19					
OR CONTRIBUTION (IF EITHER NOTIF		21e PLACE O	FINJURY		211. LOCATION		OR TOWN	COUNTY	STAT
WHILE AT WORK	OT WHILE	LAT HOME STREE	T, FACTORY, OFFICE, F.	ARM ETC.)	STREET	Clly	OKTOWN	COULT	SIAI
	at (I) (t bis hospil a	al) attended the	deceased from		10 8	O to M	mls 19	085	that (I) (we
saw the de	ceosed alive on_	2 -	19_	85. or	nd that in (my) (our) opinio	n death occurred on t	he date and haur		
above, (I) (en (did) (did nat)	view the body o	fter death.		DEGREE			22c DATE	
3/10/1	1	do	Muse.	MA.	ATTENDING, PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	17-	19-8
22d PHYSICIAN	'S NAME (TYPEO)	PRINT)	7	700	22e ADDRESS	DIKECTOK P	IT STCIMIN [3
	icholas I		MA		9 East Cha	10 St R-	1+0 M1	21	202
23a, BURIAL, CREMAT		23b. DATE		IAME OF C	EMETERY OR CREMATORY	se St., Ba.	w., ra	, 212	202
(SPECIFY)			27			- CITY OR TON	N . // 0	COUNTY	STAT
24. FUNERAL DIRECTO	nation	3/20/1	2 1	to 9	Process, Ir	ATE REC'D BY REGIST		ZKLIMO!	re, I'a
NAME			la Ltowners	d., 4	122) NAA	R 21 1985	NAME OF STREET	AK 3 SIGNA	I
Md ullut	uneral H	omes 2;	1 C. Par	tapsco	Ave., IVIA	- 1000	~		

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the buriol-tronsit permit. Then please remove carbonpoper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO FUNERAL DIRECTOR. After this certificate has been

OR ATTENDING PHYSICIAN: The

Carlo Control Carlo

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080130	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENES 5 0	6 / 3 8 EST
3 1 F	DECEASED NAME GLE	NN VINCENT	WALLS	2n DATE OF DEATH MONTH MARCH	1, 1985 305 AN
de 4 moy	m	1 RACE	3. DATE OF BRITH	6 THEORY - YEL	P DRUGER 2 YEAR F DIVIDER 24 MISS. ANDWORDS DATE HOURS MINE.
neral din n 72 han	TE BIRTHPLACE PLOUDED A	The CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DINONCED	ANNE ARUN	ITY OF DEATH
s offer d	GLEN BURNIE	11. NAME OF HOSPITAL, NURSE NORTH AROND	HECT HOS PITAL	I'VE USUAL OCCUPATION	124 KIND OF BUSINESS OR INDUSTRY
24 hour	USUAL RESIDENCE IF NURSING HOME	Pour lette	ADMITTURE IN INSIDE CITY LIMITST	THE THE TADORESS / ZIP CO	Mougland
ad within	Le sine Co.	Talls	Els Me	20 Olippe	300701
n ond co	160 WAS DECEASED EVER IN U.S. A (1/2 NO OR UNKNOWN) INFYED. G	RMED FORCES? 166 SOCIAL SEC THE WAR OF TIES) 162-1	URITY NO. 17. INFORMANT 2-1035 Perhaul C	Will 1534	Purile Que
physicio npopers: movol.	PART I. DEATH WAS CAUS	only one couse per line for (0), (b), o ED BY: ATE CAUSE (0) Acute	/	iratory failin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 GUR ()
or the death cer yy the ottending se remove corbo cremotian, or re	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b) Chronic DUE TO, OR AS A CONSEQUENCE (CONSEQUENCE CONSEQUENCE CONSEQUE	DENCE OF Obstructive less	0,0	yours

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190 DATE OF PERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 200 AUTOPSY YES [NO YES [NO \square

21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER)

21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET

NOT WHILE AT WORK 22a.1 certify that + (this haspital) attended the deceased from March sow the deceosed olive on March obove, (Higher (did) (did not) view the body ofter death.

Yank and that in (my-(our) opinion death occurred on the date and have and from the causes stated

220 DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF MEADE ROAD, 22e ADDRESS

HUNG.

LAUREL. 20707

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

18 shav

IMPORTANT: If them 21 is marked or Item

TO FUNERAL DIRECTOR: After this certificate has been

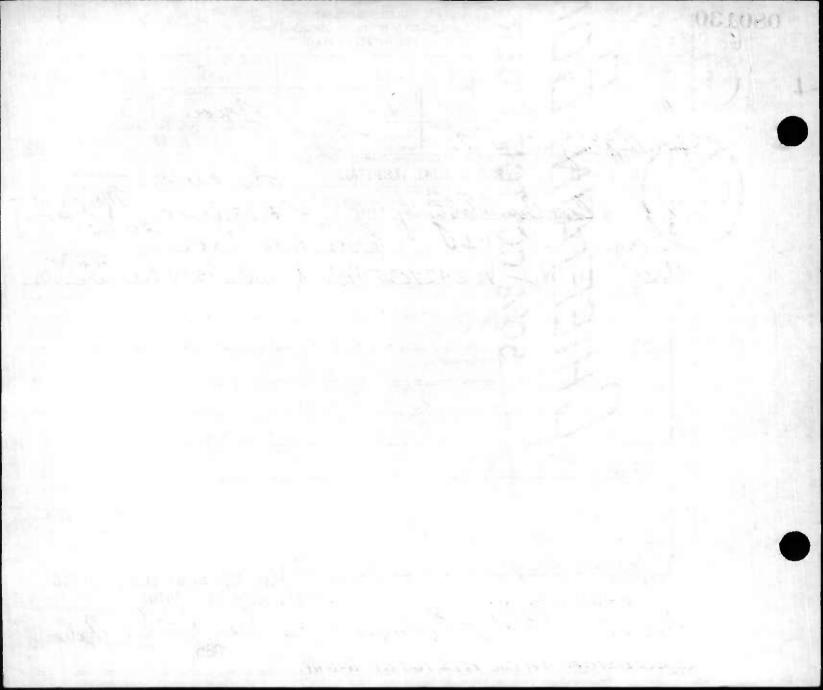
TO HOSPITAL

CERTIFICATION

MEDICAL

24. FUNERAL DIRECTOR

250 DATE REC D BY RE 1985



41+	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		6739	EST
092052	1 DE	CEASED NAME FIRST	WIDDLE	_	LAST	REG. NO.	DAY YEAR 26 HOUR	<u> </u>
be of the	(TYPI	OR PRINT)	NUEL R.	WA	RFIELD	March 27.	1985 5:30	am
moy moy	3 SE		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H	1RS
4 de 4	1	Male	White	Auc	1, 1899	85 yr		IIN.
2 (重星) 2		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		D MEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
	1	MD	USA	WIDOW	ED DIVORCED	Anne Arunde		MD.
s often	G	ITY OR TOWN OF DEATH len Burnie	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE North Arunde	HOS	pital	TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS INDUSTRY American	
n 24 hou	13a	MD 136 CO	or other institution give residence before UNTY 136. CITY OR TO Balto	WN	13d Inside City Limits? Yes 🔀 no 🗌	13e STREET ADDRESS / ZIP C 3711 Ednor	Road, 21218	
od with	14. F/	John H	H. Warfield		15. MOTHER'S MAIDEN NA	WE	Reed	
dies de		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEG	CURITY NO.	17. INFORMANT	ADDRESS		
Poor Pe		Yes W		5863	Mrs. Cathe	rine K. Warf	ield, Same	
res that the death certificate be executed within 24 hours ned by the attending physician and completely tilled in the please remove carbon papers. Pages and the fill and the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTIONS CONTRIBUTING TO	UENCE OF	I NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1:0	
NG PHYSICIAN: The low require attending physicion. After this certificate has been signs of the buriol-transit permit. Then the hard Mental Hygene prior to borked or them 18 them carrivilying	CERTIFICATION	190 Date of Operation	19b. CONDITION FOR WHIC	H OPERATIO		YES NO S	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO	
3 PHYSICIAN: The trending physicion er this certificate if the buriol-transit and Mentol Hygie ced or them 18 the		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
IG PHYS offendin rer this c s the bur the dor it cond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
OR ATTENDIN te hospitol or DIRECTOR: Afr oched for use o Dept. of Health		220.1 certify that (1) (this has sow the deceased alive above (1) we) (did)(did	spital attended the deceased from 3/21 19, not) view the body ofter death.	85 .	nd that in (my) (our) opinion	to3/2-7 death accurred on the date and	hour and from the couses stated	lost
y the hay the hay the hay the hay the hay the hay the had betached detached hate Dept.		22h SIGNITURE	- / Vle	~		MEDICAL STAFF DIRECTOR PHYSICIAN	3-27-85	
TO HOSPITAL of retained by the TO FUNERAL If should be detoin with the State E IMPORTANT; if		MAR.	c UKAB	Upi		BURNIE MARYLAN	OAD, SUITE 200 D 21061	
BP		BURIAL, CRÉMÁTION, REMOV. (SPECIFY) BU ri al	3/30/85	Parkv	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Balto. Cou	nty, MD	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Henr NAME 1905 York Roa	y W. Jenkins Ad Balto., MD	& Son 212	s Co. 250 DAT 212 MAF	E REC'D. BY REGISTRAR 256 REC 2 8 1985	GISTRAR'S SIGN TURE 12	2

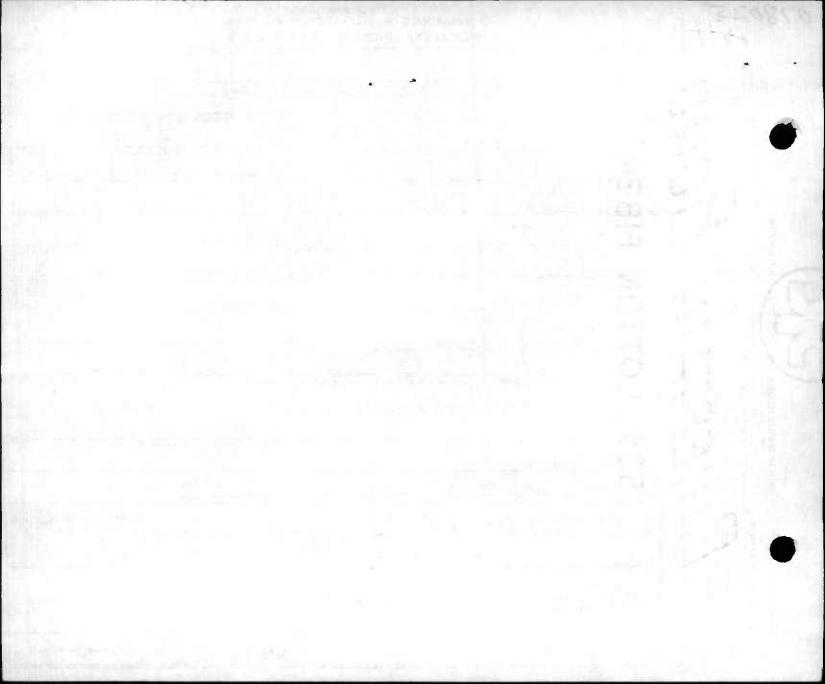
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John H. Wadisa Anna Rosa

WW ! 212 01 Best Pure, Calendard K. Wanfield, 4474

Henry W. Janei W. D. Control STORY York Edga Lake. , wil 21212

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4	1.	FOR STATE REGISTRAR			DEPART	MENT OF I	ICATE OF	MENTAL HYG		REG. N	0	6	7	4	1
98099		CEASED NAME ORPRINT)	FIRST		MIDDLE		LAST		20. DATE C	OF DEATH	MONTH	DAY	YEAR	26 MO	R
be see			YLOR	AR	LINGTO W	ATTS	SR.		MAR	CH	20	108		025	DMM
1	3. SE.			4 RACE		S. DATE (6. AGE (IN	YEARS LAST B	RTHDAY)	MONTHS	RIYEAR	HOURS	MIN.
E ATT A		male		whit	e	8	2	1899		84	YRS.	MOIVING	DATS	HOURS	Win.
(B) 1/4		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	□ NEVED	MARRIED -	9. BALTIM	ORE CITY	OR COUNT	Y OF DE	ATH		
		Md.		U.S	. A .	WIDOW		NORCED	AN	NE AR	UNDEL	COU	NIY		MD
1 4 5 PS	10 C	TY OR TOWN OF DEA	TH		HOSPITAL, NURSI	NG HOME		STITUTION	12e. USUAI	L OCCUPA	TION	12b	KINDO	FBUSIN	ESSOR
S offer the soft	G	LEN BURNIE		NORTH	ARUNDEL	HOSPIT	[AL		pai	inter	OF WORKING	S	elf	-emp	0.
filled in owld be found by	USU. 13a. S	AL RESIDENCE (IF NURSILITATE Md.	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	e admission) VN Cum	13d INSIDE	CITY LIMITS?	134 STREET 409	ADDRESS W. IV	/ ZIP COI	Rd		2109	90
the Spanish		THER'S NAME		MIDDLE	TAST	- N		'S MAIDEN NA	ME	MIDDLE			LAS		
y policy of	5	Summerfie	ld	MIDDLE	Watts		Ali	ce		MIDDLE			Low	nan	
es de control				MED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORM	ANT		ADDI	RESBal	to.	Md.	212	225
n and co	(NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216 10	265	B Ear	1 S. W.	atts						
b e b		18 CAUSE OF DEATH	1 (Enter or	ly one couse per	line for (a) (b)	nd Ic	4-		1 -0	1110		1	APPROXI	MATE INTE	RVAL
ificate npope movol		PART I. DEATH W.		Ď BY. TE CAUSE (a)	mulle	126	org	ou 7	Jan		0				
hat the death ce by the attending ose remove corb i, cremotion, or r other froumatic		Conditions, if ony, gove rise to imm cause (a), stating underlying couse	ediote g the	DUE TO, O (b) (c)	R AS A CONSEQUE	an	rena	Jactic neur	per Cu	ne	ncel	Va	al	_	
gned n ple ourio		PART 2. OTHER SIGN	HEICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	IN AL DISEA	SE OR COI	NDITION G	IVEN IN	PART 10	יי	
The The injury	O N		N	put	CVA	-	left	The	enap	hlee	6				
on. he low re on. hos beer t permit. iene prior	CERTIFICATION	3 2	ION	19b. COND	ITION FOR WHICH	-	N WAS PERF	ORMED V	200 YES	NO NO	IN CERT	ES, WERE IFYING (YES [TH?
IN Thysicing Tonsic Ton	8	210. ACCIDENT WAS UND	_	216. TIME C	M. MONTH D	AY YEAR		NJURY OCCUR	RED (ENTER	NATURE OF INJ	IURY IN ITEM IE	PARTIOR	PART 2)		
HYSICIA ding ph is certif buriot-t Mental or Item	¥	OR CONTRIBUTING C		1111	M.	19									
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G P offer the state of the stat	Z	WHILE NOT WHI	ILE	(AI HOME SII	REET, PACTORY, OFFICE.	PARM, EIC)				21			-		
or or see of the mount of the m		22a I certify that (I)	(this hasp	tal) attended th	e deceased from	2/-	X/	190	, to	3	27	19	3	that (I) (we) last
TEN Direction of He		saw the decease above, (1) (we) fd	d alive on	2 3/2	3 190	75.0	nd that in (my	r) (aur) apinian	death occur	red on the	date and h	our and t	rom the	causes st	ated
the hosp the hosp at DIREC etoched f te Dept.		22b. SIGNATU	a	ne	KA	4	DEGREE	ATTENDING PHYSICIAN	MEDICA	L STA	AFF ICIAN 🗋	22	3/	SIGNER	As-
etoined by TO FUNER, should be d with the Sto		DR SANG	N. C.	N. KD	HA	5	GLE	7067		IMORE RYLAN	ANNA		6/BO	ULEV	AR
0 # 7 # 3 E	22	LIBIAL CREATER		Taxon marks	1 11 6	NIAME OF	CE METERN CO		1924 100	CATAONI					

23c NAME OF CEMETERY OR CREMATORY

Glen Haven Cem.

Hwy. 21225

MARYLAND 210 23d LOCATION Glen Burnie

A.A.

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

George Gonce

24 FUNERAL DIRECTOR

burial

11b. DATE

4001 Ritchie Baltimore Md.

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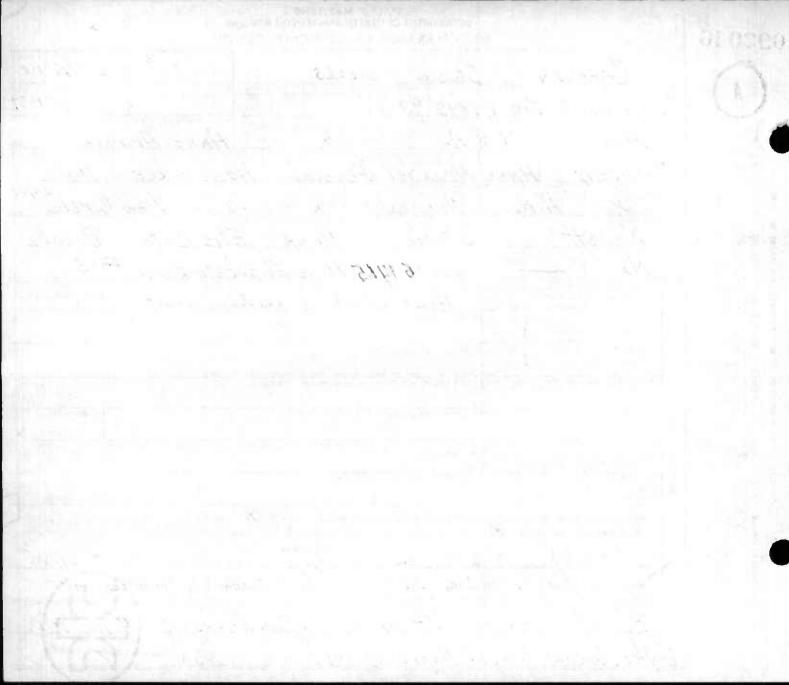
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72		STATE REGISTRAR CEASED NAME FIRST	MIDDLE		FICATE OF DEATH	REG. NO	EST DAY YEAR 26 HOUR
E .		OR PRINT) LINDA	Bro	own wr	EBER	MARCH 22, 198	28 11001
1	3 SEX		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
1		Female	Caucasian	Dec.	22, 1948	36 YRS	MONTHS DAYS HOURS
36	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) TYLAND	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED XX	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL CO	
34	-	TY OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE NORTH ARUN	STREET ADDRESS)		The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Clerk	12b. KIND OF BUSINES INDUSTRY railroad
36	Ma:	ryland Anne	or other institution give residence UNITY OR Pasac	NWOLS	13d. Inside City Limits? Yes xx No []	136 STREET ADDRESS / ZIP CODE 7761 Woodlawn A	
020	14. FA	Edwin L. Brow	MIDDLE LAS	. 7	15 MOTHER'S MAIDEN NA FIRST Margaret	ME MIDDLE Cooper	Brown
medical /	()	VAS DECEASED EVER IN U.S., I (ES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES!	SECURITY NO. 4-4140	Edwin L. Co	oper 1121 Ilene	Rd., Glen Bu
remote corbor emotion, or re- ser fraumatic ex		Canditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	ga shoo	o (-esophag	240
nt Then places remore carbon rior to burial, cremation, or re- rey injury, or other traumatic en	ATION	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) DUE TO, OR AS A CONS (c) CONTRIBUTING	SEQUENCE OF	,	OF SOPLY	VEN IN PART 110
rockrossi permet i mer piegos remore carbor retem 18 shows care injury, oc offer traumote.	CAL CERTIFICATION	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) DUE TO, OR AS A CONS (c) T CONDITIONS CONTRIBUTING 19b, CONDITION FOR W 19b,	SEQUENCE OF SEQUEN	of esophas	20a AUTOPSY? 20b. IF YE. IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO
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tental Hy ltem 18		Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION) 21d. INJURY OCCURRED WHILE ALWORK 220.1 certify that (1) (this has sow the deceased alive in the course of the	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) DUE TO, OR AS A CONS (c) T CONDITIONS CONTRIBUTING 19b, CONDITION FOR W DEATH HOUR A.M. MONTH P.M. 21b TIME OF INJURY LAT HOME, STREET, FACTORY. O spital) attended the deceased on	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM ETC.)	WAS PERFORMED CO OPLICATION IN WAS PERFORMED CO OPLICATION THE LOCATION	200 AUTOPSY? 206. IF YE IN CERTII YES NO YEE RED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO PART 1 OR PART 2)
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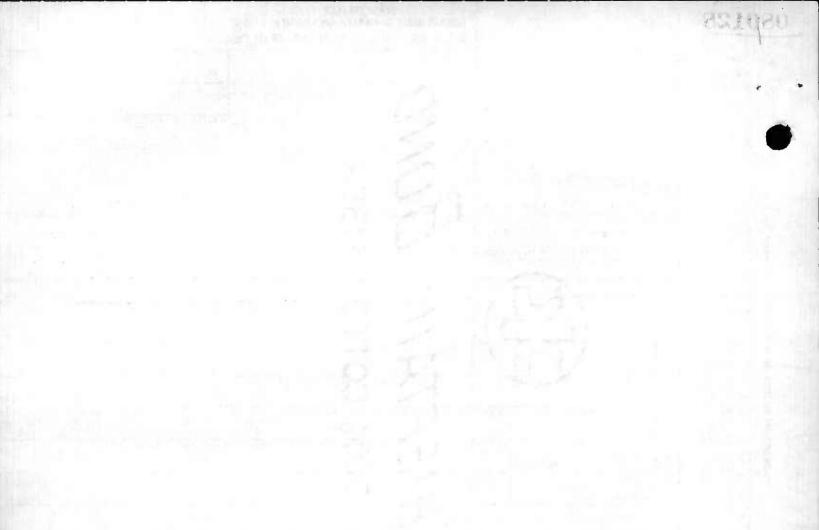
1-	FOR STATE		DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY		6 7 4 4
1. DE	REGISTRAR CEASED NAME E OR PRINT]	FIRST	MIDDLE	'S CERTIFICATE OF	20 DATE KNOWNX	
3. SEX	4. RACE	Mily S. DATE OF BIRTH MONTH DAY	S. 6. AGE (IN YEARS LAST BIRTHDAY)	Wetterau IF UNDER 1 YR. IF UNDER 2 MONTHS DAYS HOURS	MIN PRONOUNCED	3-6 19 85 M
la BI	male white	76. CITIZEN OF W	HAT COUNTRY? 8.	AARRIED NEVER MARRIEI	9. BALTIMORE CITY	3-6 1985 4:37 OR COUNTY OF DEATH
	napolis, Mo	II. NAME OF HO		DIVORCE	Anne Ar	undel County, MD. PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
USUA	Glen Burnie	Nort	h Arundel Hos		FOR MOST OF WORKING LIFE) N / A	N / A
2	Md.	A.A. Co.	Annapolis	13d. INSIDE CITY LIMITS? YES XX NO 15. MOTHER'S MAIDEN	3. STREET ADDRESS 1032 Hyde	Park DR2/403
1	Thomas	Laing	Wettera	u MaryAnn	Carol	Szalay
{Y	VAS DECEASED EVER IN (ES, NO, OR UNKNOWN)	J.S. ARMED FORCES? YES, GIVE WAR OR DATES]	16b. SOCIAL SECURITY N	Thomas We	1 ^{ADDRES} 2 tterau An	Hyde Pk.Dr.
	Canditions, if any, gove rise to immediate cause (a) stating the lying cause last.	MEDIATE CAUSE (a) which nediate under- (b) DUE TO, OF	R AS A CONSEQUENCE OF	t Death Syndro		
NOIL	190 DATE OF OPERATIO				110	
TIFICA			ITION FOR WHICH OPERATI			20 AUTOPSY? YES XX NO []
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAL	HOUR A.A	A. 19	TIC HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18	BPART 1 OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WOR		OF INJURY (AT HOME, IT STORY, FARM, ETC.)	If. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sk charge of the remains di Natural causes IXI Mii	ribed above, held an suicid	TITLE (SPECIFY)	Undetermined manner,	DATE SIGNED 3-7-85
2/	EXAMINER'S NAME (TYPE OR PRINT)	Dennis F. S	myth M D	ADDRESS 111 E	Penn St., Balt	o., Md. 21201

230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial 3/9/ 3/9/85 23c. NAME OF CEMETERY OR CREMATORY St Annes Cemetery 23d, LOCATION Annapolsi

A.A.Co.Md.

24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5))

ADDRESS 12 Ridgely Ave. Hardesty Funeral Home Ann. Md. 21401



TO MEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECE: EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCE, IN ITEM 18. GIVE PACES 1, 2, AND 310 THE PUNE PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, RETAIN PAGE 5 FOI DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MD. 21201

1 - :	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06745
1. DEC	CEASED NAME PIRST PRINTS	Elmo White 20 DATE KNOW OF EST DEATH MAT	
3 SEX	MALE CAU 1-	DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONQUINCED DEAD	3-25 19 85 1442
JE	RTHPLACE (STATE OR Th. CITIZEN REIGN COUNTRY) ENNESSEE UNIT	MARRIED NEVER MARRIED WIDOWED DIVORCED	AND ARANGEL CO
G	1ep Burnie No	OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS) OF THE PROPERTY OF WORKING LI OF THE PROPERTY OF WORKING LI OF THE PROPERTY OF THE P	
USUA 13a. ST	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTED AS A PARTIES AS A	TUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS YES \(\text{NO BY TOWN} \) 13d. INSIDE (11Y LIMITS? 13e STREET ADDRESS)	WATEROAK PT.R.
<i>Y</i>	THER'S NAME MIDDLE . ERST MIDDLE	15. MOTHER'S MAIDEN NAME FIRST MIDDLE	?unknowu
	(AS DECEASED EVER IN U.S. ARMED FORCE: S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1923 - 1927	0 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	DRESS (21122) BLD Ft. SMALLWOOD Rd. APPROXIMATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under-lying couse last.</u> (b)	to, or as a consequence of 3CVD	
ICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
MEDICAL CERTIFICATION		TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19	YES NO TIEM 18 PART 1 OR PART 2)
MEDI		PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
	220 I certify that I took charge of the remideath resulted from: Natural causes		ond in my opinion DATE 3 12/85
1	ACTUAL SIGNATURE ALLE SIGNATURE ALLE SIGNATURE ALLE SIGNATURE WILLIAM P.	Jones, M.D. Address 695 America Crt. Davids	SIGNED JOO O
23a. BU	SIGNATURE MULLIUM	Jones, M.D. ADDRESS 695 America Crt. Davids A 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	conville, Md. 21035

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

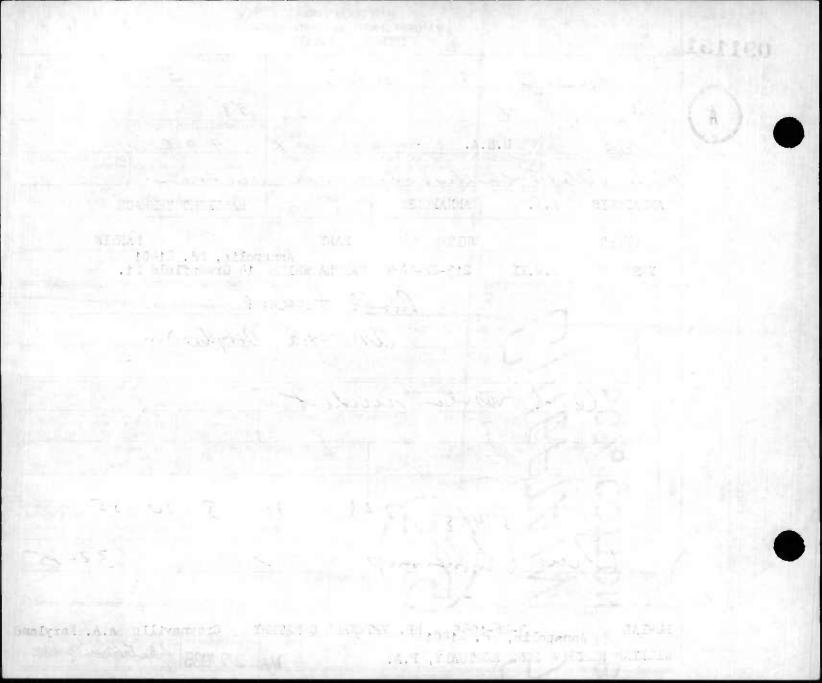
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1151	1 -	STATE REGISTRAR		CERTI	CERTIFICATE OF DEATH REG, NO.					
E #		CEASED NAME	FIRST -	MIDDLE	D T	26. DATE OF DEATH MONTH DAY YEAR 25. HOUSE				
	3 SEX	the state of the s	4. RACE	MON		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER 24 H			
u de la composition della comp		RTHPLACE (STATE OR FOR	REIGN 76. CITIZEN OF	WHAT COUNTRY? 8 MARR WIDOV	IED NEVER MARRIED	9 BALTIMORE CITY	PRS. DR COUNTY OF DEATH			
by the filled with	m	ellerwill	le, mol Kn	HOSPITAL, NURSING HOME ICH FACHLITY, GIVE STREET ADDRESS! ALLUMAN A	manor	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	12b. KIND OF BUSINESS INDUSTRY			
hould be	13a S		G HOME OR OTHER INSTITUTION 36 COUNTY	N, GIVE RESIDENCE BEFORE ADMISSION	136. INSIDE CITY LIMITS?	EAS TPORT	TERRACE X1401			
Se Care	14 F.A	THER'S NAME FIRST ROBERT	MIDDLE	WHITE	15 MOTHER'S MAIDEN N	MIDDLE	MARTIN			
Poges		AS DECEASED EVER IN	U.S. ARMED FORCES?	213-22-3456	SANDRA WHIT	napolis, M&R E 14 Greenf	ield St. approximate interval approximate interval approximate interval			
d by the attending physicis lease remove corbon poper ial, cremation, or removal. or other traumatic event, the		Conditions, if any, gove rise to imme cause (a), stating underlying cause	which cliate the last.	OR AS A CONSEQUENCE OF	Increxia,					
e hos been signe it permit. Then p jiene prior to bur nows any injury,	CERTIFICATION	190 DATE OF OPERATION	ON 196. CON	DITION FOR WHICH OPERATE	undert	280 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
this certificate buriol-transit of Mental Hygist do Litem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	AUSE OF DEATH ALEXAMINER) D 21e. PLACT	OF INJURY A.M. MONTH DAY YEA P.M. 19 E OF INJURY TREET, FACTORY, OFFICE FARM, ETC.]	R	RRED (ENTER NATURE OF IN AL				
DIRECTOR: After ched for use as the Dept of Health or Hem 21 is marked	•	sow the deceased	this haspital) attended	19	DEGREE		ate and hour and from the causes stated			
Should be defor with the State D		22d PHYSICIAN'S NAM	ME (TYPE OR PRINT)	wills hw	ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC				

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Annapolis, Md. WILLIAM REESE & SONS MORTUARY, P.A.

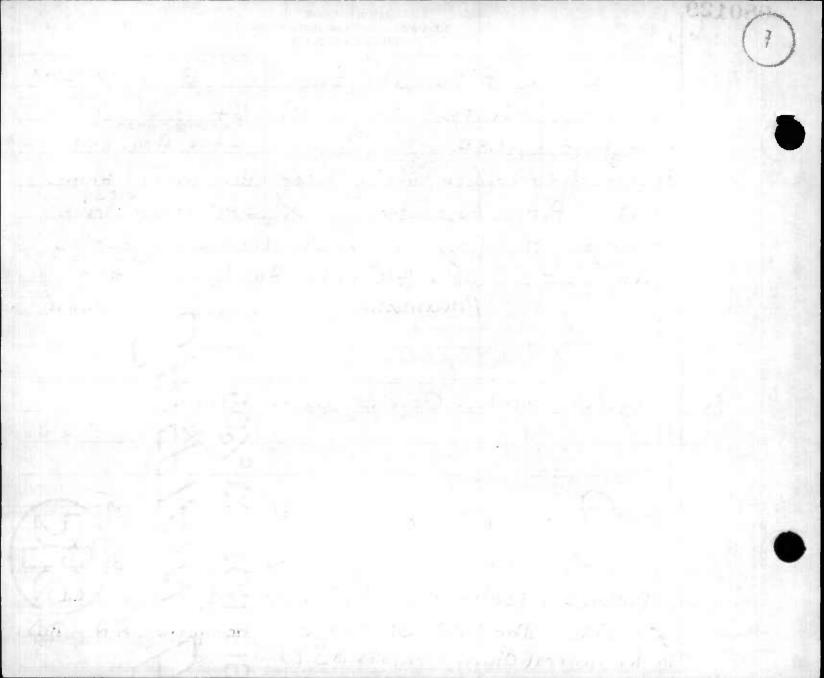
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



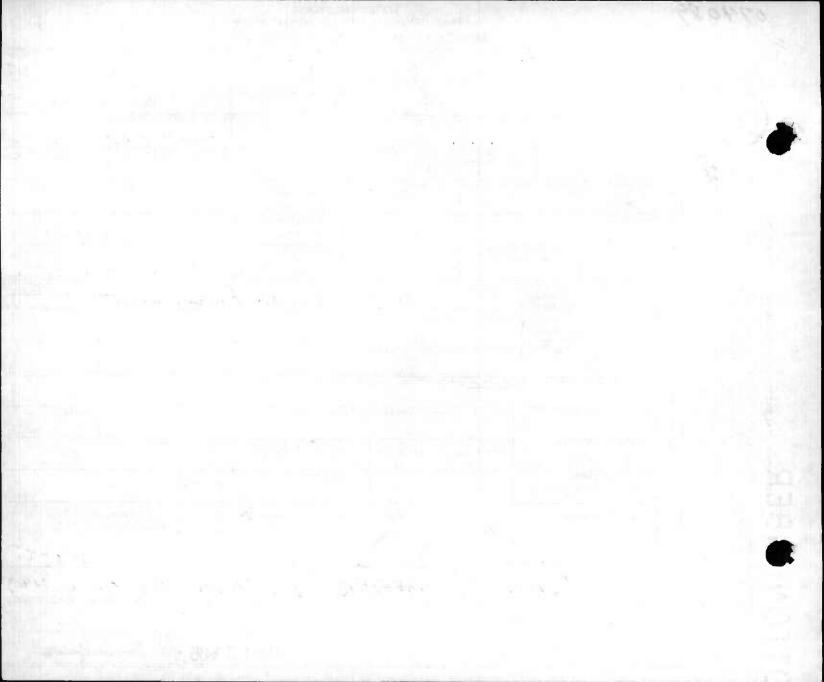
STATE OF MARYLAND

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FOR



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14/	FC ST					AND MENTAL HYGI	NE 5) 6	1 4	8
#	RE	GISTRAR		DICAL EXAMIN	IER'S C	CERTIFICATE OF DE	ATH REG.			
			lelver	WIDDLE		Williams	20. DATE KNOWN OF ESTI-		DAY YEAR	1001
28.88.8		CINELVAR		(ω)		(Am)	DEATH MATED	□ 3-	8-1985	
STORE	3. SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO		HS DAYS HOURS MIN	PRONOUNCED	MONTH	P. YEAR	20.1100.
33386	10	MALE BLACK	11-28-		RS.		DEAD	SEENT-	8- 1985	, 0013
10000000000000000000000000000000000000	FORE	HPLACE (STATE OR GN COUNTRY)	76. CITIZEN OF WI		8 MARR	IED NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
1		ryland	U.S.		WIDOW			runde		ty, ME
2 E S E S	10 CITY	OR TOWN OF DEATH	(IF NOT IN SUCHEA	PITAL, NURSING HOM	E, OR OTH	HER INSTITUTION 12a U	SUAL OCCUPATION (OR MOST OF WORKING LIFE)	TYPE OF WORK	126 KIND OF B OR INDUS	TRY
A S A A A	LA	NNAPOLIS/	A	.A. B. H.						
2 5055021	USUAL I	RESIDENCE (IF IN NURSING HOME O		13c. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS? 13e. S	TREET ADDRESS		4	
# \$4###XO		M.S. P		Baltimor	e		14 Silve	r Gou:	rt 21°	231
ANGERT W		HER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
# 555 Zal	-	William		Elsely		Addie			illiar	d
L SESTER	(YES.		WED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDRI			
S AF GGN S AF S AF S AF	N			220-07-7	535	Sarah Watt	s 1019 N	. Ashl		
M 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1		6 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly ane cause per line	far (a), (b), and (c).)	,	C	DI		BETWEEN ON	ATE INTERVAL SET AND DEATH
A HERNA			E CAUSE (a)	/ 4/	/ ~	Can of 12	willis, i	ins/		
NO A PLAN		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
MAN SEA	11	gave rise to immediate	(b)							
W WENT W		ving couse last.	DUE TO, OR	AS A CONSEQUENCE	OF					
S P P P P P P P P P P P P P P P P P P P		250	(c)							
MA BILAN		ART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (0).				
L RECORD ULD BE D ULD BE D FF MEDIN FF MEDIN L CREM	IFICATION	90. DATE OF OPERATION	Ties Cosini	TION FOR WHICH OPE	DATIONINA	/AC DEDECORMEDO			Ten AUTORS	VO
TAL RD 74 HIEF USED OF H	[N	THE DATE OF OFERATION	14E CONDI	HON FOR WHICH OPE	KATION W	AS PERFORMED!			20 AUTOPS	
2 25 35 3	1 6 1	10. EXTERNAL CAUSE WAS	21b. TIME O	F IN II IPV	71c H	OW INJÜRY OCCURRED LENT	ED MATURE OF BUILDING BUILDING	10 0 4 0 7 1 0 0 0 4	YES 🗌	NO 🗌
AOF V CATE S CATE S THE WO THE CATE S TO BU		INDERLYING OR	HOUR A.N	MONTH DAY YEA	R	OW INJURY OCCURRED (EN	ER MATORE OF MODEL IN THE	I I B PARI I OR PA	K1 2)	
SHOW TO		CONTRIBUTING CAUSE OF D		OF INJURY (AT HOME,	21f 1.C	OCATION		-		
DIVISION S CENTRC RETING TH RDED TO SES SHOUL		WHILE NOT WHILE		TORY, FARM, ETC.)		STREET	CITY OR TOWN	CO	UNTY	STATE
PAGE 212	1 1	AT WORK AT WORK								
SE S	1 1	22a I certify that I took charge	e of the remains des	cribed obove, held an	Autop	sy , Inspection .	Inquiry L.J.	and in my of	oinion	
ME THE		deoth resulted fram: Natur	ol couses .	Accident, Si	vicide	, Hamicide Und	letermined monner			
EXAM CERTI ULD B DIRE WITH WARY		ACTUAL	5	,11	,	TITLE (SPECIFY)		DATE	>- 4	- Y.T
Z HAZY HE		IGNATURE		When	~ N	N.D. A	EDICAL EXAMINER	SIGNE	D > 0	
MEDICAL COUTE THE FUNERAL FROMERAL WIMORE, A	4 1	XAMINER'S NAME	AMES E	. WHEE	221	PADDRESS 910 F	IMPOSE /	d A	Passap.	2140)
TO ME AFTER BATTIN	23a. BUR	URIAL CREMATION, REMOVAL 2	36 DATE 3/14/85	23c NAME OF CE Eastvi		or CREMATORY 23d. Clemorial Pk.	LOCATION Baltimo	ce, cou	Md.	STATE
DHMH - 17		VERAL DIRECTOR	ABBETTE	1		250. DATE REC'D.		GISTRAR'S S	Lan.	
(VR A15 ME (5))	Wm	C March F/H	Inc. II	01 E Nort	h Av	enue MAR 1	3 1985 Full	a Davidse	on-Randa	12.
20M 4/82	-									



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. 1. DECEASED NAME KNOWNXX (TYPE OR PRINT) OF Williams DEATH MATED Peter J. 19 85 4. RACE SEX DATE OF BIRTH IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS 2c DATE YE AR LAST BIRTHDAY 6:45 PRONOUNCED 10 85 26 1954 a . M Male White 30YRS 75. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Anne Arundel County, WIDOWED [DIVORCED Massachuettes 10 TO THE FL N PAGE 5 BE FILED, M. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Salesman Thrift Inn - Riva Road OR INDUSTRY GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD BE FIDIVISION OF WITH RECORDS, 3 Annapolis Tool 21043 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS Howard 3207 Wheaton Way 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Williams Irene Collins ADDRESS 3207 Wheaton Way 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT DIVISION 025-42-1471 Ellicott City, Md. John A. Williams 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT.
TATA ISTATE DEPARTMENT OF HALLH AND MENTAL HYGIENE, D
NHE STATE DEPARTMENT OF HALL CREMATION, OR REMOVAL. 201 W. PRESTON ST. BETWEEN ONSET AND DEATH Cirrhosis of Liver IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IF EXAMINER Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. WORD "PENDING" I HE CHIEF MEDICAL E PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? (partial) 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21e PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE AT WORK AT WORK EXECUTE THE CERTIFICATE.

PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: PY

THER DEATH, WITH THE STA (partial)
22e. I certify that I took charge of the remoins described above, held an XX Autopsy Inspection and in my opinion death resulted from: Natural couses Accident TITLE (SPECIFY) ACTUAL 3 - 9 - 85Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Gregory R. Kauffman, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3-13-85 Pine Hill Cemetery Burial BP 07/84 Quincy. Norfolk, Massachuettes 24. FUNERAL DIRECTOR **DHMH** - 17 Marzullo Funeral Service Reisterstown, Md (VR A) 5 ME (5))

STATE OF MARYLAND

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7601 SANDY SpRING Rd. LAUREL Md. 20707

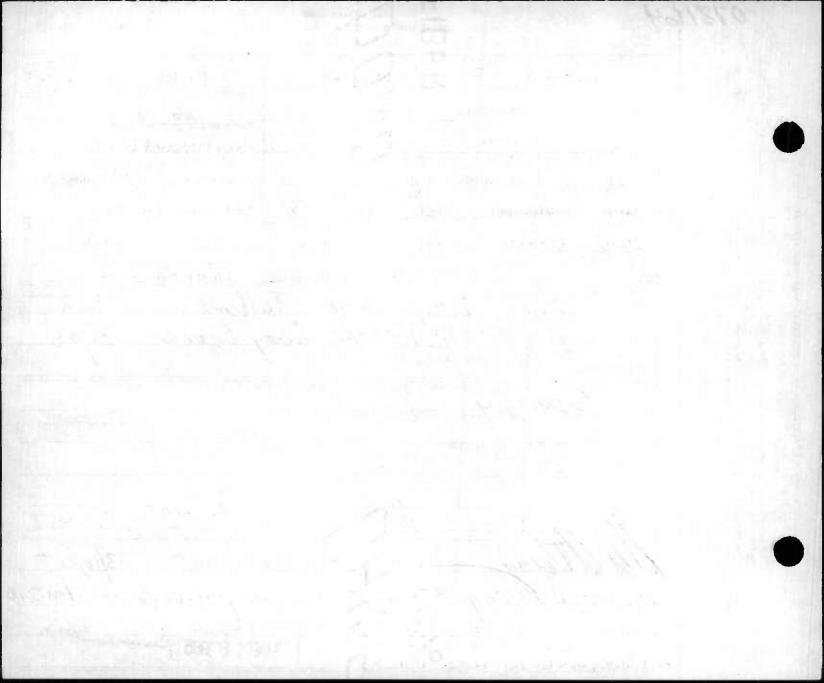
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

07816

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR



E Wilhelm Funeral Home

(VRA 15, 4)

Robert

STATE OF MARYLAND

Item 18 9/5/85 mtb F#607

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1091	V.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5	6 / 5 2 EST
noy be page 3		CEASED NAME FIRST WILMER	WINS TON W	VISMAN JR	MARCH 12,	
age 4 mo)	3. SE	MALE	White	5. DATE OF BIRTH MONTH DAY YEAR JUNE 3, 1939	45 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS
100	7	RTHPLACE (STATE OR FOREIGN COUNTRY) ZIRGINIA TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL NURS	MARRIED X NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL (
BL	G.	LEN BURNIE AL RESIDENCE (1F NURSING HOME O	NORTH ARUNDEL	HOSPITAL ORE ADMISSION)	(TYPE OF WORK FOR MOST OF WORKING LIFE	
on Filled		THER'S NAME	A. SEVERN	YES NO X		RD. 21144
o e executation of the property of the propert	- 1		VE WAR OR DATES)	CURITY NO. 17. INFORMANT (WIFE)		DUNFORD
that the deoth certificate by dby the ottending physician lease remove carbangopers. id., cremation, or removal.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	INAM 219.26.8. nly one couse per line for (a), (b) (b) (b) (b) (c) (c) (b) (c) (c) (c)	OUENCE OF ENTE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IAN: The low requires physicion. Hicote has been signe I-transit permit. Then plot Hygune prior to bur 18 soots ony injury, to	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE		200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{\tinx{\text{\tinx{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
TENDING PHYSICIAN: TI pirol or ottending physicis (TOR: After this certificate for use as the buriol-transit of Health and Mental Hygu of Health and Mental Hygu 21 is marked or feet 18 s	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WMILE AT WORK NOWHILE AT WORK 22a.1 certify that (1) (this hosp show the decreased alive or holder (1) (well did I (did	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE itch) overfled the processed from	19 211. LOCATION STREET 3 9 85 , 19	city OR TOWN 3 112/18 Final death occurred on the date and hou	COUNTY STATE 19, that (1) (we) last a and from the causes stated
O HOSPITAL OR A detoined by the hospital DIRECto FUNERAL DIRECto should be detoched with the Stote Dept.		7 d PASSEIAN'S DAME THE JORGE B. RAMI	nge B Car REZ, M.D.	GLEN BURN	IE, MARYLAND 21061	3/13/85
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY EADOWRIDGE MEM. PARK	23d. LOCATION CITY OF TOWN ELKRIDGE RFI	COUNTY STATE MD

BP___ DHMH - 16 50M 4/83

(VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
SINGLETON FUNERAL HOME GLEN BURNIE, MD. 21061

K ELKRIDGE RFD MD

250. DATE REC'D. BY REGISTRAR ZS REGISTRAR'S SIGNATURE

MAR 1 4 1085

Lawrdson-Manuel

MAR 1 4 1085

MALE WHILE H-AUS HYTENTENTION 3112/11 - 5/9/85 2112/11 7845 ONDROCE PEND and Contramostral state

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RTMENT	0	F	HE	AL	TH	AN	D

STATE

74/62 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 6 7 5 3 CERTIFICATE OF DEATH REG. NO.						
1 DECEASED NAME FIRS (TYPE OR PRINT) GERT	-A A	Wood	20. DATE OF DEATH MONTH	4.1985 4:18 M			
3. SEX FEMALE	LAUCASIAN	S. DATE OF BIRTH MONTH DAY NOV. 19 1814	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
TO BIRTHPLACE ISTATE OF FOREIGN COUNTRY PENNSYLVANIA			9 BALTIMORE CITY OR COUNT ANNE ARUNDE				
ANNA POLIS	ANNE ARUNDEL	GENERAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	LIFE) 126 KIND OF BUSINESS OR INDUSTRY HOS PITAL SOCIAL SERVICE			
22 340 44	ME ARUNDEL SEVERN	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL				
CHARLES 1160 WAS DECEASED EVER IN U.		HAN MARY	MIDDLE ADDRESS	McFARLAND			
(YES, NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)	24	OOD (SAME				
PART 1. DEATH WAS CA	er only one cause per line for (a), (b) AUSED BY: DIATE CAUSE (a) Phelo	monia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which gave rise to immediate to coose (o), stating the	e /	m negative si	/				
viderlying cause los	DOE TO, OR AS A CONSE	tiple infected	decubitus all	2031			

NO	to-	169-20-8245A DWIGHT	WOOD (SI	ame as 13)
		e per line for (a), (b), and (c)		APPROXIMATE INTERV. BETWEEN ONSET AND DE
Conditions, if ony, whi gave rise to immedia cause (a), stating t underlying cause la	ch (or as a consequence of negative or or as a consequence of multiple infected	/	e uben
PART 2 OTHER SIGNIFIC		IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T		
19a. DATE OF OPERATION	196 CC	ondition for which operation was performed	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
210. ACCIDENT WAS UNDERLY		AE OF INJURY 21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART (OR PART 2)

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?		
The second second		YES NO	YES NO		
216. ACCIDENT WAS UNDERLYING		OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM IS PART (OR PART 2)		

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a.1 certify that (11) this haspital) attended the deceased from (my) our) opinion death occurred on the date and hour and from the causes stated

did nati view the body after death DEGREE 22c. DATE SIGNED MEDICAL STAFF

ATTENDING DIRECTOR PHYSICIAN

269 ADDRE 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURIA Terridon Pandall

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL

BP

morked or Item 18 shows

MPORTANT: If them 21 is

MEDICAL

Service of the same of the same of the same OT REST OF ME BOUGHT THE THE STATE OF THE ST The state of the s Harmones & Apple Harmon Commencer Harmon Storing Samuel and August Auchant Schude X 440 Margacon Bot 21146 (3t pa sind) and many the even of the Lange with the principle of the Principle of the Parish

20M 4/82

STATE OF MARYLAND

45 may dad the lean , The same of the sa Francisco Co., Sandin State of the Co. THE A PERSON OF PARTY OF THE PA the first and a second of the second of the

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

shauld be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval

IMPORTANT: If Item 21 is marked as

TO FUNERAL DIRECTOR: After this certificate has been signed by the

etained by the haspital ar attending physician

error B strows any injury, ar ather traumatic event,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06755

		REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	JE K.	WORM	WOOD	2a. DATE OF DEATH	3-26-8	AR 26 H	OUR 135AM
	3. SE	EMALE	4 RACE CAUCASI	AN API	FBIRTH RIL 29, 190	6 AGE (IN YEARS LAST BIR		YEAR IF UN	NDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN COUNTRY) USSR, UKERA		MARRIE	- Indiana and a second	ANNE ARUI	DR COUNTY OF DEAT NDEL COUN		MD.
3	A	ITY OR TOWN OF DEATH		UNDEL GEI		126. USUAL OCCUPATION OF A L HOMEMA			SINESS OR
5	130. S M A			YORTOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 1206 PRES	SIDENT SI	. 21	403
2	Λ	ATHER'S NAME		AFSHUKE	15. MOTHER'S MAIDEN N ANNA FIRST	WIDDLE	UNKNOWN	LAST	
	160 V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	CIAL SECURITY NO. 5 - 46 - 983	JOSEPH A.	WORMWOOD		13E	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDI. Canditians, if ony, which gave rise to immediate couse (o), stating the	DUE TO, OR AS A O	Miseouence of	il horati	M	AH BETV	PROXIMATE II VEEN ONSET	NTERVAL AND DEATH
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	Caronar	NOT RELATED TO THE TER	MINAL DISEAS OR CON 200 AUTOPSY? YES \(\text{NOSO} \)	DITION GIVEN IN PAR 200. IF YES, WERE FI IN CERTIFYING CAL YES \(\)	NDINGS U	SED EATH?
,	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTROL OF D (IF EITHER MOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJU	DAY YEAR	21f. LOCATION STREET	RRED (ENTER NATURE OF INJUI			STATE
		270.1 certify that (1) (this has sow the deceased alive a	n the bo y after de	1985	nd that (n (my) (aur) opinian DEGREE ATTENDING PHYSICIAN	,	22c. C	the causes	
		Annold G.	Alexand		1300 RI		vy, Ani	vola	Md
		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY		TITE COUNTY	CO	S W in

DHMH-1650M 1/81 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR

WEST ST. 1212 E. EVANS ANNAPOLIS, MD.

BY REGISTRARISM REGISTRAR'S SIGNATURE

